

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846027

FILED
Apr 23, 2009
Secretary of State

Entity Name: CICA LIFE INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

400 E ANDERSON LANE
AUSTIN, TX 78752 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 149151
AUSTIN, TX 787149151 US

New Mailing Address:

FEI Number: 84-0583103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RILEY, HAROLD E
Address: 400 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX

Title: C/P () Delete
Name: RILEY, RICK D
Address: 400 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX

Title: V () Delete
Name: BUCHWEITZ, MICHAEL P
Address: 400 E ANDERSON LANE
City-St-Zip: AUSTIN, TX

Title: V () Delete
Name: RILEY, RAY A
Address: 400 E ANDERSON LN
City-St-Zip: AUSTIN, TX 78752

Title: V () Delete
Name: WELCH, LARRY D
Address: 400 E ANDERSON LN
City-St-Zip: AUSTIN, TX 78752

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KOLANDER, GEOFFREY M
Address: 400 E ANDERSON LANE
City-St-Zip: AUSTIN, TX

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: OSBOURN, KAY E
Address: 400 E. ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY M. KOLANDER

V

04/23/2009

Electronic Signature of Signing Officer or Director

Date