2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

DOCUMENT# 846027

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
Name: RILEY, HAROLD E
Address: 400 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX

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

Title: V
Name: KOLANDER, GEOFFREY M
Address: 400 E ANDERSON LANE
City-St-Zip: AUSTIN, TX

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOSHUA G. ARNOLD VP 04/22/2010

Electronic Signature of Signing Officer or Director Date