

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846228

FILED
Jun 30, 2005
Secretary of State

Entity Name: CENTRAL UNITED LIFE INSURANCE COMPANY

Current Principal Place of Business:

10700 NORTHWEST FREEWAY
3RD FLOOR
HOUSTON, TX 77092 US

New Principal Place of Business:

Current Mailing Address:

10700 NORTHWEST FREEWAY
3RD FLOOR
HOUSTON, TX 77092 US

New Mailing Address:

FEI Number: 42-0884060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DPT () Delete
Name: GEORGE, DANIEL J
Address: 2727 ALIEN PARKWAY, STE 500
City-St-Zip: HOUSTON, TX 77019

Title: D () Delete
Name: OLDHAM, DALE
Address: 2727 ALIEN PARKWAY, STE 500
City-St-Zip: HOUSTON, TX 77019

Title: D () Delete
Name: MCGETTIGAN, JOHN
Address: 2727 ALLEN PARKWAY, STE 500
City-St-Zip: HOUSTON, TX 77019

Title: DC () Delete
Name: HARRIS, DAVID W,
Address: 2727 ALLEN PKWY, STE 500
City-St-Zip: HOUSTON, TX 77019

Title: DSV () Delete
Name: RAINEY, MARY LOU
Address: 10700 NORTHWEST FREEWAY, 3RD FL
City-St-Zip: HOUSTON, TX 77092

Title: CEO () Delete
Name: HARRIS, DAVID W
Address: 2727 ALLEN PARKWAY, STE 500
City-St-Zip: HOUSTON, TX 77019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCGETTIGAN, JOHN
Address: 2727 ALLEN PARKWAY, STE 500
City-St-Zip: HOUSTON, TX 77019

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KENT WILLIAM LAMB

CFO

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date