


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000004873</b>	
1. Entity Name CSI LIFE INSURANCE COMPANY	

Principal Place of Business 1212 NO. 96TH STREET OMAHA, NE 68114	Mailing Address 1212 NO. 96TH STREET OMAHA, NE 68114
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**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-0287520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent. **N/A**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KIZER, WILLIAM M 1212 NO. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAN, KEVIN JOHN 1212 NO. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, MICHAEL H 1212 NO. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIZER, JOHN EDWARD 1212 NO. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIZER, RICHARD THOMAS 1212 NO. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIZER, WILLIAM MCBAIN 1212 NO. 96TH STREET OMAHA, NE 68114

**DO NOT WRITE  
IN THIS SPACE**

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07/11/06-80016-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Jancil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/06  
Date

402-997-8388  
Daytime Phone #