

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004873

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: CSI LIFE INSURANCE COMPANY

## Current Principal Place of Business:

1212 NO. 96TH STREET  
OMAHA, NE 68114

## New Principal Place of Business:

## Current Mailing Address:

1212 NO. 96TH STREET  
OMAHA, NE 68114

## New Mailing Address:

FEI Number: 86-0287520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PT ( ) Delete  
Name: KIZER, WILLIAM M  
Address: 1212 NO. 96TH STREET  
City-St-Zip: OMAHA, NE 68114

Title: V ( ) Delete  
Name: MORAN, KEVIN JOHN  
Address: 1212 NO. 96TH STREET  
City-St-Zip: OMAHA, NE 68114

Title: S ( ) Delete  
Name: JENSEN, MICHAEL H  
Address: 1212 NO. 96TH STREET  
City-St-Zip: OMAHA, NE 68114

Title: D ( ) Delete  
Name: KIZER, JOHN EDWARD  
Address: 1212 NO. 96TH STREET  
City-St-Zip: OMAHA, NE 68114

Title: D ( ) Delete  
Name: KIZER, RICHARD THOMAS  
Address: 1212 NO. 96TH STREET  
City-St-Zip: OMAHA, NE 68114

Title: D ( ) Delete  
Name: KIZER, WILLIAM MCBAIN  
Address: 1212 NO. 96TH STREET  
City-St-Zip: OMAHA, NE 68114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MICHELE GUETTERMAN

CMPL

01/16/2009

Electronic Signature of Signing Officer or Director

Date