2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# F05000004873

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

OFFICERS AND DIRECTORS:

Title: PT
Name: KIZER, WILLIAM M
Address: 1212 NO. 96TH STREET
City-St-Zip: OMAHA, NE 68114

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

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

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

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

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

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: MICHELE GUETTERMAN SCS 01/05/2012

Electronic Signature of Signing Officer or Director Date