

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07086

FILED
Apr 23, 2009
Secretary of State

Entity Name: CITIZENS NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

400 EAST ANDERSON LANE
AUSTIN, TX 78752

New Principal Place of Business:

Current Mailing Address:

400 EAST ANDERSON LANE
AUSTIN, TX 78752

New Mailing Address:

FEI Number: 75-0892859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: CPD () Delete
Name: RILEY, RICK
Address: 400 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752

Title: VSD () Delete
Name: KOLANDER, GEOFFREY M
Address: 400 E. ANDERSON LN
City-St-Zip: AUSTIN, TX 78752

Title: VP () Delete
Name: RAINEY, ROBERT E JR
Address: 400 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752

Title: COBP () Delete
Name: RILEY, RAY A
Address: 400 W. ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752

Title: EVP () Delete
Name: WELCH, LARRY D
Address: 400 W. ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO (X) Change () Addition
Name: OSBOURN, KAY E
Address: 400 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752

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

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

Title: D () Change (X) Addition
Name: RILEY, HAROLD E
Address: 400 E. ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752

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: GEOFFREY M. KOLANDER

V

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date