

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07086

FILED  
Apr 26, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: AMY INMAN

ASEC

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date