

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07477 (3)

1. Corporation Name

CENTRAL SECURITY LIFE INSURANCE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:02

Principal Place of Business

2185 N. GLENVILLE
P.O. BOX 833879
RICHARDSON TX 75083-0879

Mailing Address

2185 N. GLENVILLE
P.O. BOX 833879
RICHARDSON TX 75083-0879

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/19/1985

3a. Date of Last Report

01/25/1994

4. FEI Number

75-0916066

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
SILLS, RONALD
2185 N. GLENVILLE
RICHARDSON TX

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
BUXTON, CHARLES
2185 N. GLENVILLE
RICHARDSON TX

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
KITCHENS, MICHAEL
2185 N. GLENVILLE
RICHARDSON TX

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
CLINTON, NATHANIEL
2185 N. GLENVILLE
RICHARDSON TX

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
BURGIN, RICHARD
2185 N. GLENVILLE
RICHARDSON TX

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

PD
William H. Lewis, Jr.
2185 N. Glenville Dr.
Richardson, TX 75083-3879

☒ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Burgin Richard Burgin

1/11/95 (214) 699-2770