FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:02

DOCUMENT # P07477 (3)

1. Corporation Name
CENTRAL SECURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2185 N. GLENVILLE P.O. BOX 833879 RICHARDSON TX 75083-0879	2185 N. GLENVILLE P.O. BOX 833879 RICHARDSON TX 75083-0879

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1985
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	SILLS, RONALD	12 NAME	William H. Lewis, Jr.	
STREET ADDRESS	2185 N. GLENVILLE	13 STREET ADDRESS	2185 N. Glenville Dr.	
CITY-ST-ZIP	RICHARDSON TX	14 CITY-ST-ZIP	Richardson, TX 75083-3879	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	BUXTON, CHARLES	22 NAME		
STREET ADDRESS	2185 N. GLENVILLE	23 STREET ADDRESS		
CITY-ST-ZIP	RICHARDSON TX	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		
NAME	KITCHENS, MICHAEL	32 NAME		
STREET ADDRESS	2185 N. GLENVILLE	33 STREET ADDRESS		
CITY-ST-ZIP	RICHARDSON TX	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	CLINTON, NATHANIEL	42 NAME		
STREET ADDRESS	2185 N. GLENVILLE	43 STREET ADDRESS		
CITY-ST-ZIP	RICHARDSON TX	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BURGIN, RICHARD	52 NAME		
STREET ADDRESS	2185 N GLENVILLE	53 STREET ADDRESS		
CITY-ST-ZIP	RICHARDSON TX	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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 607, 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
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0473170 FP