FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P07477** **(3)**

1. Corporation Name

CENTRAL SECURITY LIFE INSURANCE COMPANY

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

3. Date Incorporated or Qualified: **09/19/1985**

3a. Date of Last Report: **01/20/1995**

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

2. Principal Place of Business

21
22 Suite, Apt. # etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Suite, Apt. # etc.
28 City & State
29 Zip 30 Country

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 Section 607.0502, 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. The corporation is authorized by the corporation's board of directors to make the changes indicated in Sections 10 and 11. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	PD	☐ DELETE
NAME	LEWIS, WILLIAM H. J	
STREET ADDRESS	2185 N. GLENVILLE DR.	
CITY-ST-ZIP	RICHARDSON TX	
TYPE	V	☐ DELETE
NAME	BUXTON, CHARLES	
STREET ADDRESS	2185 N. GLENVILLE	
CITY-ST-ZIP	RICHARDSON TX	
TYPE	S	☐ DELETE
NAME	KITCHENS, MICHAEL	
STREET ADDRESS	2185 N. GLENVILLE	
CITY-ST-ZIP	RICHARDSON TX	
TYPE	TD	☐ DELETE
NAME	CLINTON, NATHANIEL	
STREET ADDRESS	2185 N. GLENVILLE	
CITY-ST-ZIP	RICHARDSON TX	
TYPE	V	☐ DELETE
NAME	BURGIN, RICHARD	
STREET ADDRESS	2185 N GLENVILLE	
CITY-ST-ZIP	RICHARDSON TX	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TYPE	☐ Change	☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TYPE	☐ Change	☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TYPE	☐ Change	☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TYPE	☐ Change	☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TYPE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, currently 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 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 added to the report. Typed or printed name and address.

SIGNATURE: Richard Burgin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96
Date

(214) 699-2770
Daytime Phone #