

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90022 010 ***150.00

DOCUMENT # P07477

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-0916066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
MONROE STREET
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEWIS, WILLIAM H. J**
STREET ADDRESS **2185 N. GLENVILLE DR.**
CITY-ST-ZIP **RICHARDSON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **WOLF, NATHAN L**
STREET ADDRESS **2185 N GLENVILLE DR**
CITY-ST-ZIP **RICHARDSON TX**

TITLE **V** ☐ Change ☒ Addition
NAME **Coleman, Ronald R.**
STREET ADDRESS **2185 N Glenville Dr.**
CITY-ST-ZIP **Richardson TX**

TITLE **T** ☐ Delete
NAME **ANDERSON, JIM**
STREET ADDRESS **2185 N. GLENVILLE**
CITY-ST-ZIP **RICHARDSON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BURGIN, RICHARD**
STREET ADDRESS **2185 N GLENVILLE**
CITY-ST-ZIP **RICHARDSON TX**

TITLE **(also V)** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Lewis, James G.**
STREET ADDRESS **2185 N Glenville Dr.**
CITY-ST-ZIP **Richardson TX**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Lewis, Amy H.**
STREET ADDRESS **12205 Biloki Dr**
CITY-ST-ZIP **Frisco, TX 75035**

13. I hereby certify that the information supplied with this filing 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Doc # 907477
715891

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	D Walters, Paralee P.O. Box 1182 Canton, TX 75103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	D Welsh, Kayleen L. 2185 N Glenville Dr Richardson, TX 75082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	D Earls, Carrie L. 23220 County Rd 448 Lindale, TX 75771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	D Donnell, Curtis Ray 14850 Quorum Dr., Suite 150 Dallas, TX 75234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	D DeGeeter, Robert E. 2175 N Glenville Dr Richardson, TX 75082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition