



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90280 004 ***150.00

DOCUMENT # P07477 1. Entity Name CENTRAL SECURITY LIFE INSURANCE COMPANY					
Principal Place of Business 2175 N. GLENVILLE P.O. BOX 833879 RICHARDSON, TX 75083-0879			Mailing Address 2175 N. GLENVILLE P.O. BOX 833879 RICHARDSON, TX 75083-0879		
2. Principal Place of Business <i>2175 N. Glenville Dr.</i>		3. Mailing Address <i>P.O. Box 833879</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Richardson, TX</i>		City & State <i>Richardson TX</i>			
Zip <i>75082</i>	Country	Zip <i>75083-3879</i>	Country		
4. FEI Number 75-0916066				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, WILLIAM H. J 2175 N. GLENVILLE RICHARDSON, TX	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, JIM 2175 N. GLENVILLE RICHARDSON, TX	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BURGIN, RICHARD 2175 N. GLENVILLE RICHARDSON, TX	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, JAMES G 2175 N. GLENVILLE FRISCO, TX 75035	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, AMY R 12205 BILDIS DRIVE FRISCO, TX 75035	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV COX, GARY B. 2175 N. Glenville Richardson TX 75082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4608 Driftwood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4608 Driftwood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELSH, KAYLEEN 2175 N. Glenville Richardson TX 75082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gary B. Cox</i> <i>4/7/04</i> <i>972 699-2709</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					