

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07477

FILED
Apr 02, 2008
Secretary of State

Entity Name: CENTRAL SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

2175 N. GLENVILLE
RICHARDSON, TX 750830879

New Principal Place of Business:

2175 N. GLENVILLE
RICHARDSON, TX 75082

Current Mailing Address:

P.O. BOX 833879
RICHARDSON, TX 750833879

New Mailing Address:

FEI Number: 75-0916066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, WILLIAM H CEO
Address: 2175 N. GLENVILLE DR.
City-St-Zip: RICHARDSON, TX 75082

Title: TSV () Delete
Name: COX, GARY B CFO
Address: 2175 N. GLENVILLE DR.
City-St-Zip: RICHARDSON, TX 75082

Title: PVD () Delete
Name: LEWIS, JAMES G PRESIDE
Address: 2175 N. GLENVILLE DR.
City-St-Zip: RICHARDSON, TX 75082

Title: V () Delete
Name: BALFOUR, DONIS K EVP
Address: 2175 N. GLENVILLE DR.
City-St-Zip: RICHARDSON, TX 75082

Title: D () Delete
Name: LEWIS, AMY H
Address: 4608 DRIFTWOOD
City-St-Zip: FRISCO, TX 75035

Title: VD () Delete
Name: WELSH, KAYLEEN
Address: 2175 N. GLENVILLE DR.
City-St-Zip: RICHARDSON, TX 75082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY B. COX

TSV

04/02/2008

Electronic Signature of Signing Officer or Director

Date