2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P07477

Entity Name: CENTRAL SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

2175 N. GLENVILLE
RICHARDSON, TX 75082

New Principal Place of Business:

2175 N. GLENVILLE DR.
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
Name:	
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 03/24/2009

Electronic Signature of Signing Officer or Director — Date