

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07477

FILED
Mar 30, 2011
Secretary of State

Entity Name: CENTRAL SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

2175 N. GLENVILLE DR.
RICHARDSON, TX 75082

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY B. COX

CFO

03/30/2011

Electronic Signature of Signing Officer or Director

Date