2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2012
Secretary of State

DOCUMENT# P07477

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 TSV 04/05/2012

Electronic Signature of Signing Officer or Director — Date