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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09188** (4)
1. Corporation Name
CAPITAL SECURITY LIFE INSURANCE COMPANY



Principal Place of Business
**680 FOURTH AVE
LOUISVILLE KY 40202
US**

Mailing Address
**P O BOX 32800
LOUISVILLE KY 40232-2800
US**

3. Date Incorporated or Qualified
02/21/1986

3a. Date of Last Report
08/06/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 300 West Morgan Street State, Apt. #, etc.	26 400 West Market Street Suite, Apt. #, etc.	58-1640298	Not Applicable
22 P. O. Box 61 City & State	27 6th Floor City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Durham, North Carolina Zip Country	28 Louisville, Kentucky Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 27701-2120 25 USA	29 40202 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, ROBERT S	1.2 NAME	
STREET ADDRESS	680 FOURTH AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LOUISVILLE FL	1.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ELAINE	2.2 NAME	
STREET ADDRESS	400 W. MARKET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LOUISVILLE KY	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHTA, SHALESH	3.2 NAME	
STREET ADDRESS	400 W. MARKET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LOUISVILLE KY	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, IRVING W	4.2 NAME	
STREET ADDRESS	400 W MARKET STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LOUISVILLE KY	4.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, MICHAEL H.	5.2 NAME	
STREET ADDRESS	400 WEST MARKET ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LOUISVILLE KY	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Frederick C. Kessell
STREET ADDRESS		6.3 STREET ADDRESS	400 West Market Street
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Louisville, KY 40202

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Michael H. Sims* **Michael H. Sims, Secretary 4/15/97 502-560-2786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)