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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

900 W. MORGAN ST.
P.O. BOX 61
DURHAM NC 27701-2120
US

400 W. MARKET ST.
6TH FLOOR
LOUISVILLE KY 40232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1986

4. FEI Number

58-1640298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME DP
STREET ADDRESS GREER, ROBERT S
CITY-ST-ZIP 680 FOURTH AVENUE
LOUISVILLE FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Henry G. Hagan
1.3 STREET ADDRESS Two East Chase Street
1.4 CITY-ST-ZIP Baltimore, MD 21201

TITLE ☒ DELETE
NAME T
STREET ADDRESS ROBINSON, ELAINE
CITY-ST-ZIP 400 W. MARKET
LOUISVILLE KY

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Craig D Vermie
2.3 STREET ADDRESS 4333 Edgewood Road, NE
2.4 CITY-ST-ZIP Cedar Rapids, IA 52499

TITLE ☒ DELETE
NAME D
STREET ADDRESS MEHTA, SHAILESH
CITY-ST-ZIP 400 W. MARKET
LOUISVILLE KY

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Patrick S. Baird
3.3 STREET ADDRESS 4333 Edgewood Road, NE
3.4 CITY-ST-ZIP Cedar Rapids, IA 52499

TITLE ☒ DELETE
NAME D
STREET ADDRESS BAILEY, IRVING W
CITY-ST-ZIP 400 W MARKET STREET
LOUISVILLE KY

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME B. Larry Jenkins
4.3 STREET ADDRESS Two East Chase Street
4.4 CITY-ST-ZIP Baltimore, MD 21201

TITLE ☒ DELETE
NAME S
STREET ADDRESS SIMS, MICHAEL H.
CITY-ST-ZIP 400 WEST MARKET ST
LOUISVILLE KY

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME Helen Stacey Boyer
5.3 STREET ADDRESS Two East Chase Street
5.4 CITY-ST-ZIP Baltimore, MD 21201

TITLE ☒ DELETE
NAME D
STREET ADDRESS KESSELL, FREDERICK C.
CITY-ST-ZIP 400 W. MARKET STREET
LOUISVILLE KY

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME Ralph L. Arnold
6.3 STREET ADDRESS Two East Chase Street
6.4 CITY-ST-ZIP Baltimore, MD 21201

14. I 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 if changed, or on an attachment with an address.

Helen Stacey Boyer

CR2E034 (10/97)