FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:14

DOCUMENT # **P39646** **(5)**

1. Corporation Name
CAPITAL SECURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
300 WEST MORGAN STREET DURHAM NC 27701	300 WEST MORGAN STREET DURHAM NC 27701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1992	02/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 57-0230250 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
(Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name(s) is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	11 TITLE	☐ Change ☐ Addition
NAME	ADREAN, LEE	12 NAME	
STREET ADDRESS	680 4TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BAILEY, IRVING W., II	22 NAME	
STREET ADDRESS	400 WEST MARKET	23 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	DAY, LARRY D.	32 NAME	
STREET ADDRESS	680 4TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DYKE, VON P.	42 NAME	
STREET ADDRESS	400 WEST MARKET	43 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	SIMS, MICHAEL H.	52 NAME	
STREET ADDRESS	400 WEST MARKET	53 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	T ☒ Change ☐ Addition
NAME	MARCUCCILLI, JOSEPH B	62 NAME	Marks, James A.
STREET ADDRESS	400 WEST MARKET	63 STREET ADDRESS	680 Fourth Avenue
CITY-ST-ZIP	LOUISVILLE KY	64 CITY-ST-ZIP	Louisville, KY 40202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Michael H. Sims 3/29/95 (502) 560-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04M326 FN