

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P39646** (5)

1. Corporation Name

**CAPITAL SECURITY LIFE INSURANCE COMPANY**

Principal Place of Business

**300 WEST MORGAN STREET  
DURHAM NC 27701**

Mailing Address

**300 WEST MORGAN STREET  
DURHAM NC 27701**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current 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

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

(NOTE: Registered Agent signature required when not changing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DPC**

☒ DELETE

NAME

**ADREAN, LEE**

STREET ADDRESS

**680 4TH AVE**

CITY-STATE-ZIP

**LOUISVILLE KY**

TITLE

**D**

☐ DELETE

NAME

**BAILEY, IRVING W., II**

STREET ADDRESS

**400 WEST MARKET**

CITY-STATE-ZIP

**LOUISVILLE KY**

TITLE

**DV**

☐ DELETE

NAME

**DAY, LARRY D.**

STREET ADDRESS

**680 4TH AVE**

CITY-STATE-ZIP

**LOUISVILLE KY**

TITLE

**V**

☐ DELETE

NAME

**DYKE, VON P.**

STREET ADDRESS

**400 WEST MARKET**

CITY-STATE-ZIP

**LOUISVILLE KY**

TITLE

**S**

☐ DELETE

NAME

**SIMS, MICHAEL H.**

STREET ADDRESS

**400 WEST MARKET**

CITY-STATE-ZIP

**LOUISVILLE KY**

TITLE

**T**

☒ DELETE

NAME

**MARKS, JAMES A**

STREET ADDRESS

**680 FOURTH AVE**

CITY-STATE-ZIP

**LOUISVILLE KY**

1. TITLE

**DP**

☐ Change ☒ Addition

2. NAME

**Robert S. Greer, Jr.**

3. STREET ADDRESS

**680 Fourth Avenue**

4. CITY-STATE-ZIP

**Louisville, KY 40202**

2. 1. TITLE

☐ Change ☐ Addition

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY-STATE-ZIP

3. 1. TITLE

**VP (only)**

☒ Change ☐ Addition

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-STATE-ZIP

4. 1. TITLE

**600001769726**

**-04/04/96--01086--025**

**\*\*\*200.00**

☐ Change ☐ Addition

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 1. TITLE

☐ Change ☐ Addition

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-STATE-ZIP

6. 1. TITLE

☐ Change ☒ Addition

6. 2. NAME

**Elaine J. Robinson**

6. 3. STREET ADDRESS

**400 W. Market Street**

6. 4. CITY-STATE-ZIP

**Louisville, KY 40202**

**mm-m**

**4-4-96**

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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael H. Sims, Secretary

3/12/96

(502) 560-2000

CR2E034 (12/95)