

1.) CORPORATION NAME:

CSA FRATERNAL LIFE

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

SAMUEL P JOHNSON III

43 RIVES RD

PETERSBURG, VA 23805

DUE DATE: **1/31/2011**

SCC ID NO: **F0068959**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PETERSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 122 WEST 22ND STREET

CITY/ST/ZIP: OAK BROOK, IL 60523-1557

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KEN DVORSKY
TITLE: DIRECTOR
ADDRESS: 7709 W 45TH PLACE
CITY/ST/ZIP/CO: LYONS, IL 60534-

OFFICER

DIRECTOR

NAME: JERRY FIEMA
TITLE: DIRECTOR
ADDRESS: 34730 BUNKER HILL DRIVE
CITY/ST/ZIP/CO: FARMINGTON HILLS, MI 48331-

OFFICER

DIRECTOR

NAME: ADAM WILT
TITLE: DIRECTOR
ADDRESS: 223. S. PRINCETON
CITY/ST/ZIP/CO: VILLA PARK, IL 60181-

OFFICER

DIRECTOR

NAME: ROBERT MONZO
TITLE: VICE PRESIDENT
ADDRESS: 122 W. 22ND STREET
CITY/ST/ZIP/CO: OAK BROOK, IL 60523-

OFFICER

DIRECTOR

NAME: BRIAN MILLER
TITLE: TREASURER
ADDRESS: 122 W. 22ND STREET
CITY/ST/ZIP/CO: OAK BROOK, IL 60523-

OFFICER

DIRECTOR

NAME: PAUL VAVRASEK TITLE: DIRECTOR ADDRESS: 27 HARRIGAN ROAD CITY/ST/ZIP/CO: HORSEHEADS,, NY 14845-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL TRANTER TITLE: DIRECTOR ADDRESS: 6 PADDOCK DR. CITY/ST/ZIP/CO: NEW HOPE, PA 18938-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERRY PLACEK TITLE: DIRECTOR ADDRESS: 10 REGINA DR CITY/ST/ZIP/CO: MC KEES ROCKS, PA 15136-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CONNIE WOLF TITLE: DIRECTOR ADDRESS: 10343 JADE FOREST DR. CITY/ST/ZIP/CO: ST. LOUIS, MO 63123-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARJORIE NEJDL TITLE: DIRECTOR ADDRESS: 5700 KOPECEK LANE CITY/ST/ZIP/CO: ELY, IA 52227-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: IRMA FARRELL TITLE: DIRECTOR ADDRESS: 6510 W. 5TH AVENUE CITY/ST/ZIP/CO: LAKEWOOD, CO 80226-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL J. WENZLER, SR TITLE: PRESIDENT ADDRESS: 122 W. 22ND CITY/ST/ZIP/CO: OAK BROOK, IL 60523-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ DANIEL J. WENZLER, SR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL J. WENZLER, SR, PRESIDENT PRINTED NAME AND CORPORATE TITLE
11/30/2010 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	