

1.) CORPORATION NAME:

CENTRAL SECURITY LIFE INSURANCE COMPANY

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0497232**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 200,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2175 N GLENVILLE DRIVE

CITY/ST/ZIP: RICHARDSON, TX 75082

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.

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JAMES G LEWIS | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 2175 N GLENVILLE DRIVE | |
| CITY/ST/ZIP/CO: | RICHARDSON, TX 75082 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KAYLEEN L WELSH | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 2175 N. GLENVILLE DRIVE | |
| CITY/ST/ZIP/CO: | RICHARDSON, TX 75082 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DONIS K BALFOUR | |
| TITLE: | EX VP | |
| ADDRESS: | 2175 N GLENVILLE DRIVE | |
| CITY/ST/ZIP/CO: | RICHARDSON, TX 75082 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | GARY B COX | |
| TITLE: | SVP/S/T | |
| ADDRESS: | 2175 N. GLENVILLE DRIVE | |
| CITY/ST/ZIP/CO: | RICHARDSON, TX 75082 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | WILLIAM H. LEWIS, JR. | |
| TITLE: | CHAIRMAN | |
| ADDRESS: | 2175 N. GLENVILLE DRIVE | |
| CITY/ST/ZIP/CO: | RICHARDSON, TX 75082 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | Amy Lewis | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 4608 Driftwood Dr | |
| CITY/ST/ZIP/CO: | Frisco, TX 75034 | |

| | | |
|--|----------------------------------|--|
| NAME: Carrie Earls TITLE: DIRECTOR ADDRESS: 23220 CR 448 CITY/ST/ZIP/CO: Lindale, TX 75771 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Bryan Earls TITLE: DIRECTOR ADDRESS: 23220 CR 448 CITY/ST/ZIP/CO: Lindale, TX 75771 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: David Epps TITLE: DIRECTOR ADDRESS: 9515 Faircrest CITY/ST/ZIP/CO: Dallas, TX 75238 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Rodney Jones TITLE: DIRECTOR ADDRESS: PO Box 163063 CITY/ST/ZIP/CO: Austin, TX 78716 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: William Baker TITLE: DIRECTOR ADDRESS: 6312 Glennox Ln CITY/ST/ZIP/CO: Dallas, TX 75214 | <input type="checkbox"/> OFFICER | <input checked="" 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/ GARY B COX | GARY B COX, SVP/S/T | 12/12/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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. | | |