

1.) CORPORATION NAME:

CENTRAL SECURITY LIFE INSURANCE COMPANY

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0497232**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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.

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

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

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

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

NAME:	WILLIAM BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6312 GLENNOX LN		
CITY/ST/ZIP/CO:	DALLAS, TX 75214		

NAME:	CARRIE EARLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	23220 CR 448		
CITY/ST/ZIP/CO:	LINDALE, TX 75771		

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: AMY LEWIS TITLE: DIRECTOR ADDRESS: 4608 DRIFTWOOD DR CITY/ST/ZIP/CO: FRISCO, TX 75034	<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 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARY B COX, SVP/S/T PRINTED NAME AND CORPORATE TITLE	12/4/2014 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.		