



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Corporation
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Citizens Security Life Insurance Company

SECTION II

It is incorporated under the laws of State: KY Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 05/01/2024

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 1/28/1965

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 12910 SHELBYVILLE RD.

SUITE 300

City or Town: LOUISVILLE

State: KY

Zip: 40243

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD

SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

HEALTH AND LIFE INSURANCE CARRIER

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	NATHAN BELLINGER	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
TREASURER	JOHN DADDS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
SECRETARY	JOHN DADDS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
CEO	NATHAN BELLINGER	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
CFO	JOHN DADDS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	DARRELL WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	MARGARET WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	GERALD WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	LEE WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	LAURA WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	THOMAS WARD	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NATHAN BELLINGER	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
TREASURER	JOHN DADDS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
SECRETARY	JOHN DADDS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
CEO	NATHAN BELLINGER	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
CFO	JOHN DADDS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	DARRELL WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
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DIRECTOR	GERALD WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	LEE WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	LAURA WELLS	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA
DIRECTOR	THOMAS WARD	12910 SHELBYVILLE RD., SUITE 300 LOUISVILLE, KY 40243 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$1.0000	2,500,000.00

Signed this 21 Day of March, 2024 at 10:23:51 AM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By JOHN DADDS

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 306166

Visit <https://web.sos.ky.gov/fts/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CITIZENS SECURITY LIFE INSURANCE COMPANY

CITIZENS SECURITY LIFE INSURANCE COMPANY is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 28, 1965 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 1st day of March, 2024, in the 232nd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
306166/0009642



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 21, 2024 10:22 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

