

CENTRAL UNITED LIFE

April 11, 2011

Attention: Legal Division
Insurance Commissioner of the State of Arkansas
1200 West Third Street
Little Rock, AR 72201-1904

Re: Form B and Form C

Dear Sir or Madam:

Pursuant to the provisions of Ark. Code Ann. 23-63-501, enclosed please find duplicate originals of our Amended Form B Insurance Company Annual Registration and Amended Form C Summary of Registration each dated April 8, 2011 that we request that you accept on behalf of our company, Central United Life Insurance Company.

I am also enclosing a check for the \$100.00 filing fee made payable to the Arkansas Insurance Department.

Please let me know if you are in need of any additional information or assistance.

Sincerely,


Mary Lou Rainey
Secretary

Enclosure

Central United Life Insurance Company
10700 Northwest Freeway
Houston, TX 77092

Phone: 713-529-0045
Toll Free: 800-669-9030
Fax: 713-821-6472



**FORM B
INSURANCE HOLDING COMPANY
SYSTEM REGISTRATION STATEMENT**

Filed with the Arkansas Department of Insurance
by
CENTRAL UNITED LIFE INSURANCE COMPANY
On behalf of the Following Insurance Company

Central United Life Insurance Company
425 West Capitol Avenue
Suite 1800
Little Rock, AR 72201
(713) 529-0045

Date: April 8, 2011

**Name, Title, Address and Telephone Number of Individual to Whom Notices and
Correspondence Concerning this Statement Should be Addressed:**

Dan George, President
Central United Life Insurance Company
Wortham Tower, Suite 500
2727 Allen Parkway
Houston, Texas 77019
(713) 821-6475

ITEM 1. Identity and Control of Registrant

The "Registrant" is the Central United Life Insurance Company whose home offices are located at:

425 West Capitol Avenue, Suite 1800
Little Rock, AR 72201

The executive offices of the Registrant are located at:

Wortham Tower
2727 Allen Parkway, Suite 500
Houston, Texas 77019

On January 21, 1994, the Registrant implemented a Plan of Reorganization which was approved by the Texas Commissioner of Insurance in Official Order No. 93-0600 dated January 21, 1994, pursuant to which all of the business of Registrant's former parent, Life of America, was reinsured and assumed by Registrant under a bulk assumption reinsurance agreement. Life of America assigned all of its assets and properties to Registrant. On November 4, 1994, the Texas Commissioner of Insurance issued Official Order No. 94-1182, approving the dissolution of Life of America Insurance Company.

On May 8, 2006, the Texas Commissioner of Insurance issued Official Order No. 06-0439 and approved the Registrant's application to redomesticate and to amend its Certificate of Authority to change its home office from Houston, Texas to Little Rock, Arkansas.

Of the 100 shares outstanding as of December 31, 2006, 100 or 100% are owned by Harris Insurance Holdings, Inc. ("HIHI")

ITEM 2. Organization Chart

See Revised Organization Chart dated 3/25/11 attached as Exhibit 1.

ITEM 3. Ultimate Controlling Person

(a) The ultimate controlling person of Registrant is David W. Harris.

(b) The home office address of David W. Harris is:

Wortham Tower
2727 Allen Parkway, Suite 500
Houston, Texas 77019

(c) The principal executive office address of David Harris is:

Wortham Tower
2727 Allen Parkway, Suite 500
Houston, Texas 77019

- (d) David Harris is an individual.
- (e) The principal business of David W. Harris is the ownership and management of Registrant and other insurance companies.
- (f) There are no other individuals or entities who own more than 10% or more of any class of voting security.
- (g) There is no court proceeding looking toward a reorganization or liquidation pending.

ITEM 4. Biographical Information

David W. Harris is Chairman of the Board of Central United Life Insurance Company. He has served as Chairman since 1993. Mr. Harris served as Chairman of the Board of Life of America Insurance Company from 1988 to 1993 and Chairman of the Board of Peoples Life Insurance Company from 1980 to 1988. He has not been convicted of any crimes.

William "Bill" Bay was elected as Vice President of Web Development on February 7, 2011. His biographical affidavit is attached and marked Exhibit 3.

ITEM 5. Transactions, Relationships and Agreements

(1) Loans, Other Investments or Purchases, Sales or Exchanges of Securities of the Affiliates by the Registrant or of the Registrant by its Affiliates.

None.

(2) Purchases, Sales, or Exchanges of Assets

Manhattan Life Insurance Company paid Central United Life Insurance Company \$328,796 in management fees in 2010.

Investors Consolidated Life Insurance Company paid Central United Life Insurance Company \$340,680 in management fees in 2010.

Family Life Insurance Company paid Central United Life Insurance Company \$2,435,710 in management fees in 2010.

(3) Transactions Not In the Ordinary Course of Business

There were no transactions not in the ordinary course of business.

(4) Guarantees or Undertaking for the Benefit of an Affiliate Which Result in an Actual Contingent Exposure of the Registrant's Assets to Liability, Other Than Insurance Contracts Entered into the Ordinary Course of Registrant's Business

There were none.

(5) All Management Service Contracts and All Cost Sharing Arrangements.

An amendment to the Intracompany Service Agreement between Central United Life Insurance Company and Investors Consolidated Insurance Company was effective as of January 1, 2008 and it was not objected to by the Arkansas Department of Insurance by their letter of February 19, 2009.

Central United Life Insurance Company furnishes Investors Consolidated Insurance Company administrative services which includes personnel, facilities and other services which are necessary or which are reasonably required by Investors Consolidated Insurance Company in the effective and efficient operation of its business and operations, including but not limited to policy underwriting, administration, policyholder service and claims services for the issuance, renewal and administration of insurance policies and contracts issued or reinsured by Investors Consolidated Insurance Company ; administration and oversight of marketing and sales activities, including reinsurance operations; all accounting services necessary to maintain the books and records of Investors Consolidated Insurance Company and the representation of Investors Consolidated before insurance regulatory authorities.

An Intracompany Service Agreement between Central United Life Insurance Company and Manhattan Life Insurance Company was entered into as of February 4, 2000 and was later approved by the Texas Department of Insurance.

Central United Life Insurance Company furnishes Manhattan Life Insurance Company administrative services which includes personnel, facilities and other services which are necessary or which are reasonably required by Manhattan Life Insurance Company in the effective and efficient operation of its business and operations, including but not limited to policy underwriting, administration, policyholder service and claims services for the issuance, renewal and administration of insurance policies and contracts issued or reinsured by Manhattan Life Insurance Company ; administration and oversight of marketing and sales activities, including reinsurance operations; all accounting services necessary to maintain the books and records of Manhattan Life Insurance Company and the representation of Manhattan Life Insurance Company before insurance regulatory authorities.

This agreement was submitted to the Arkansas Department of Insurance with the company's Amended Form B filed on 9/14/06. The Arkansas Department of Insurance did not find any objections to them.

An Intracompany Service Agreement between Central United Life Insurance Company and Family Life Insurance Company was entered into as of April 1, 2007 and it was approved by the Texas Department of Insurance in June 2007. It was not objected to by the Arkansas Department of Insurance.

Central United Life Insurance Company furnishes Family Life Insurance Company administrative services which includes personnel, facilities and other services which are necessary or which are reasonably required by Family Life Insurance Company in the effective and efficient operation of its business and operations, including but not limited to policy underwriting, administration, policyholder service and claims services for the issuance, renewal and administration of insurance policies and contracts issued or reinsured by Family Life Insurance Company ; administration and oversight of marketing and sales activities, including reinsurance operations; all accounting

services necessary to maintain the books and records of Family Life Insurance Company and the representation of Family Life Insurance Company before insurance regulatory authorities.

(6) All Reinsurance Agreements

Family Life Insurance Company contractually assumed some EMC cancer policies from Hawaii and Michigan from Central United Life Insurance Company. As part of the transaction, cash in the amount of \$3,178,993 and reserves in the amount of \$3,178,993 were transferred from Central United Life Insurance Company on December 10, 2010. Both the Texas Department of Insurance and the Arkansas Department of Insurance were notified of this transaction and no action letters were issued in September, 2010.

(7) All Dividends and other Distributions to Shareholders

Registrant made distributions and paid dividends on its Common Stock during 2010 and 2011 as follows:

DATE DECLARED	SERIES	DIVIDEND AMOUNT
3/10/10	Common	\$250,000
6/4/10	Common	\$250,000
9/20/10	Common	\$250,000
12/20/10	Common	\$250,000
04/08/11	Common	\$500,000

(8) Consolidated Tax Allocation Agreement

A Tax Allocation Agreement is in effect amongst the Registrant and Harris Holdings, Inc., Investors Consolidated Insurance Company, Family Life Insurance Company and Worksite Solutions, Inc.

(9) Pledge of Registrant's Stock and/or of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

There is no pledge of Registrant's stock and/or of any of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

ITEM 6. Litigation and Administrative Proceedings

There are no lawsuits pending to which the ultimate controlling person is a party.

- (a) There were no criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness of any party hereto.

(b) There are no proceedings which may have a material effect upon the solvency or capital structure of the ultimate holding company.

ITEM 7. Statement Regarding Plan or Series of Transactions

Transactions entered into since the filing of the prior registration statement are not part of a plan or series of like transactions, the purpose of which is to avoid statutory threshold amounts and the review that might otherwise occur.

ITEM 8. Financial Statements and Exhibits

Exhibit 1. Revised Organization Chart dated 3/25/11.

Exhibit 2. Financials of David Harris.

Exhibit 3. Biographical Affidavit of William Bay, Vice President Web Development

ITEM 9. Form C

Exhibit 4. Form C is attached hereto.

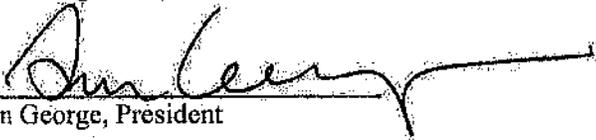
ITEM 10. Signature and Certification

Signature

Pursuant to the requirements of Ark. Code Ann Section 23-63-514, Central United Life Insurance Company has caused this registration statement to be duly signed on its behalf in the City of Houston and the State of Texas on this —— of day of April, 2011.

CENTRAL UNITED LIFE INSURANCE COMPANY
(Name of Registrant)

(SEAL)

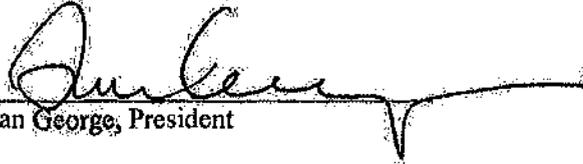
By: 
Dan George, President

Attest:

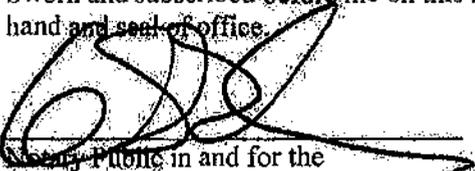
Mary Lou Rainey, Secretary

Certification

The undersigned deposes and says that he has duly executed the attached amended registration statement dated April 8, 2011 for and on behalf of the Central United Life Insurance Company and that he is the President of such company and that he is authorized to execute and file such instrument. Deponent further says that he is familiar with such instrument and the contents, thereof, and that the facts therein set forth are true to the best of his knowledge, information and belief.


Dan George, President

Sworn and subscribed before me on this the 11 day of April 2011, to certify which witness my hand and seal of office.


Notary Public in and for the
State of Texas

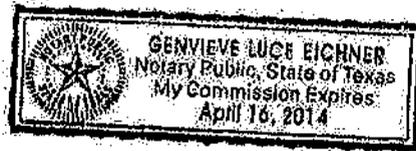


EXHIBIT 1

MANHATTAN INSURANCE GROUP

Organization Chart

03/25/2011

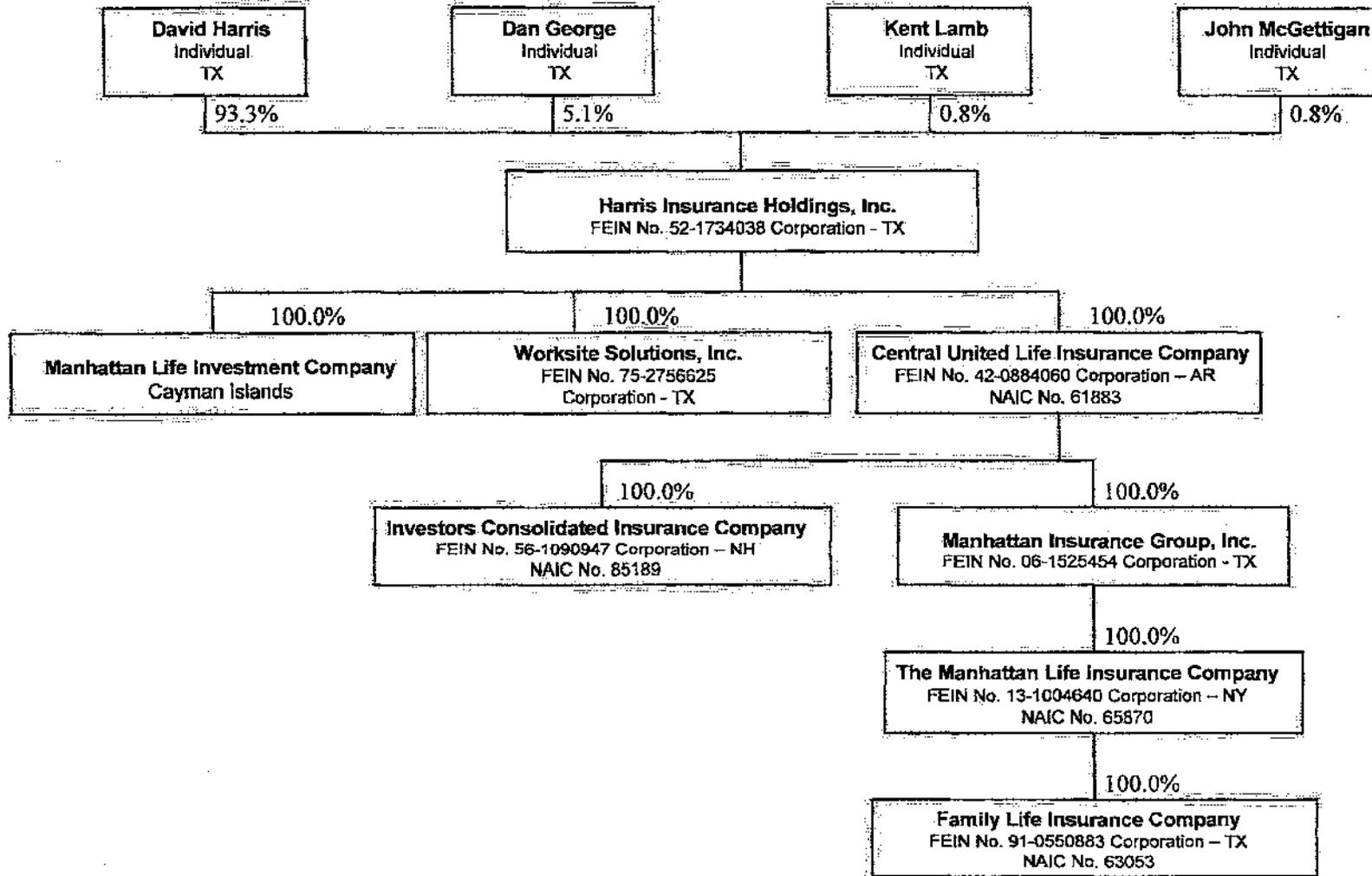


EXHIBIT 2

David W. Harris
Statement of Financial Condition
31-Dec-10

	Assets	
	<u>2010</u>	<u>2009</u>
Cash	\$ 255,483	\$ 69,552
Individual Retirement Account	93,578	78,989
Charles Schwab	333,310	280,014
College Bound (529) Account	265,434	247,665
2010 Investments in Stock (2,579,460 shares @ \$72.50/share)	187,000,000	
2009 Investments in Stock (2,579,460 shares @ \$68.89/share)		177,705,000
Prosperity Bancshares Bank Stock		10,564
401K	190,431	150,814
Residence and Other Real Estate	7,000,000	7,000,000
Other Personal Assets	1,500,000	1,500,000
Total Assets	\$ 196,638,236	\$ 187,042,598
	Liabilities	
Mortgage Payable (303 Timberwilde)	\$ 2,918,000	\$ 2,918,000
Home Equity Line (303 Timberwilde)	1,975,000	1,975,000
Federal Income Tax Payable		147,500
Total Liabilities	\$ 4,893,000	\$ 5,040,500
Net Worth	\$ 191,745,236	\$ 182,002,098
Total Liabilities and Net Worth	\$ 196,638,236	\$ 187,042,598

Statement of Changes in Net Worth
Years Ended 2010 and 2009

	<u>2010</u>	<u>2009</u>
Increase in Net Worth		
Salary, Bonus, Dividends and Realized Gains	\$ 5,739,476	\$ 3,982,853
Other Increase in Net Worth	7,885,898	60,354,747
Total Increases in Net Worth	\$ 13,625,374	\$ 64,337,600
Decreases in Net Worth		
Income Taxes	\$ 1,477,105	\$ 1,118,790
Interest Expense	215,213	249,920
Real Estate Taxes	100,571	80,661
Personal Expenditures	1,539,342	1,469,862
Contractual Alimony	550,005	566,412
Total Decreases in Net Worth	\$ 3,882,238	\$ 3,485,645
Net Increases in Net Worth	\$ 9,743,138	\$ 60,851,955

OATH OF ULTIMATE CONTROLLING PERSON

STATE OF TEXAS

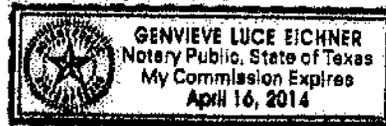
COUNTY OF HARRIS

I, David W. Harris, an ultimate controlling person of the Central United Life Insurance Company being duly sworn under oath, state that I have personally reviewed the attached personal statements dated as of December 31, 2010 and certify that the information contained therein is current, complete and true.


Signature

Subscribed and sworn to before me this
8th day of April, 2011.


Notary Public in and for the
State of Texas



My Commission expires: 4/16/14

EXHIBIT 3

Applicant Name (Company) Central United Life Ins. Co.

NAIC No. 61883
FEIN: 910550883

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Central United Life Insurance Company
10700 Northwest Freeway, Houston, TX 77092
713-529-0045

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). William Vernon Bay Jr.
2. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Web Development
4. Affiant's business address. 10700 Northwest Freeway, Houston, TX 77092
Business telephone. 713-821-6415
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Texas State University</u>	<u>San Marcos, TX</u>	<u>08/87 - 06/90</u>	

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>CIW Certified Webmaster</u>	<u>Houston, TX</u>	<u>May 2001</u>	<u>Certified Webmaster</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the applicant entity. Vice President of Web Development

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 02/11 - Present Employer's Name Manhattan Insurance Group
 Address 10700 Northwest Freeway City Houston State/Province TX
 Country USA Postal Code 77092 Phone 713-821-6415 Offices/Positions Held Vice President
 Supervisor / Contact Daniel George 713-821-6475

Beginning/Ending Dates (MM/YY) 06/06 - 01/11 Employer's Name Bay Investments Group dba Intrabest
 Address 6203 Lake Chase Ct City Katy State/Province TX
 Country USA Postal Code 77493 Phone 713-540-8992 Offices/Positions Held Owner/President
 Supervisor / Contact Self Employed

Beginning/Ending Dates (MM/YY) 10/06 - 03/08 Employer's Name Cameron
 Address 1333 West Loop South #1700 City Houston State/Province TX
 Country USA Postal Code 77027 Phone 713-513-3300 Offices/Positions Held Sr. Web Developer
 Supervisor / Contact David Petty 713-513-3300

Beginning/Ending Dates (MM/YY) 01/01 - 09/06 Employer's Name Invesco Ltd.
 Address 11 Greenway Plaza City Houston State/Province TX
 Country USA Postal Code 77046 Phone 713-626-1919 Offices/Positions Held _____
 Supervisor / Contact Jack Bridge

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Dept of Insurance Address _____

City _____ State/Province Texas Country _____ Postal Code _____

License Type P&C Agent License # 0010618494 Date Issued (MM/YY) 08/2000

Date Expired (MM/YY) 08/2001 Reason for Termination Did not renew

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License NASD Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type Series 6 and 26 License # _____ Date Issued (MM/YY) 2002

Date Expired (MM/YY) 2004 Reason for Termination Changed roles with company

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NO

If any of the stock is pledged or hypothecated in any way, give details. NONE

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

NONE

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. ~~Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?~~ NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 8 day of April 2011 at 10700 NW FREEWAY I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of Texas County of Harris

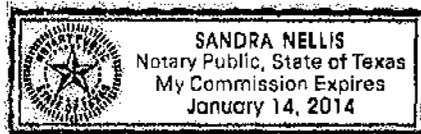
The foregoing instrument was acknowledged before me this 8th day of April, 2011 By

William V. Bay, Jr. and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Sandra Nellis
Notary Public
SANDRA NELLIS
Printed Notary Name
Jan 14, 2014
My Commission Expires

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Central United Life Insurance Company

10700 Northwest Freeway, Houston, TX 77092

713-529-0045

1. Affiant's Full Name (Initials Not Acceptable). William Vernon Bay Jr.
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>06/69 - Present</u>	<u>Bill Bay</u>	<u>Bill is "Short" for William</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number ██████████
4. Government Identification Number if not a U.S. Citizen N/A
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) ██████████ Place of Birth: City Houston
State/Province Texas Country Harris
7. Name of Affiant's Spouse (if applicable) Jacqueline Paige Hodge Bay

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
12/06	[REDACTED]	Katy, Texas, USA			77493
6/04 - 12/06	[REDACTED]	Katy, Texas, USA			77494
5/96 - 6/04	[REDACTED]	Katy, TX, USA			77450

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 8 day of APRIL, 2011 at 10700 Northwest Freeway, Houston, TX 77092. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

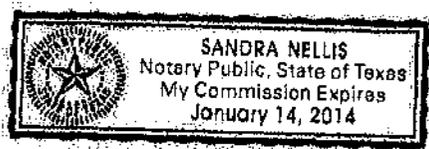
[Signature]
(Signature of Affiant)

State of Texas County of Harris

The foregoing instrument was acknowledged before me this 8th day of April, 2011 By William V. Bay Jr. and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Sandra Nellis
Notary Public
SANDRA NELLIS
Printed Notary Name
Apr 14 2014
My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Central United Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Mary Lou Rainey, Corporate Counsel, 10700 Northwest Freeway, Houston, TX 77092, 713-529-0045.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William Vernon Bay, Jr., [Redacted], Katy, TX 77493
(Printed Full Name and Residence Address)

[Signature]
(Signature)

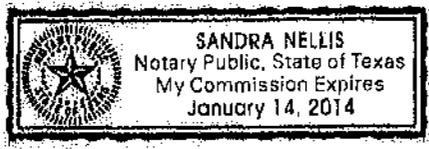
4/9/11
(Date)

State of TX County of Harris

The foregoing instrument was acknowledged before me this 8th day of April 20 11 By William V. Bay, Jr. and

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Sandra Nellis
Notary Public
SANDRA NELLIS
Printed Notary Name
Jan 14, 2014
My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Central United Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Mary Lou Rainey, Corporate Counsel, 10700 Northwest Freeway, Houston, TX 77092, 713-529-0045.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William Vernon Bay Jr. Katy, TX 77493
(Printed Full Name and Residence Address)

[Signature]
(Signature)

4/12/11
(Date)

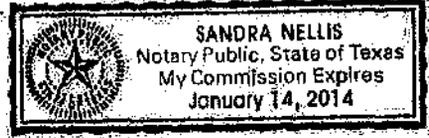
State of Tx County of Harris

The foregoing instrument was acknowledged before me this 8th day of April, 20 11 By

William V. Bay Jr., and
who is personally known to me, or

who produced the following identification: _____

[SEAL]



Sandra Nellis
Notary Public
SANDRA NELLIS
Printed Notary Name
Jan. 14, 2014
My Commission Expires

EXHIBIT 4

Form C

SUMMARY OF REGISTRATION STATEMENT

Filed with the Insurance Department of the State of Arkansas

By

Central United Life Insurance Company
425 West Capitol Avenue
Suite 1800
Little Rock, Arkansas 72201

April 8, 2011

Name, Title, Address and Telephone Number of Individual
To Whom Notices and Correspondence Concerning
This Statement Should Be Addressed:

Dan George
President
Central United Life Insurance Company
2727 Allen Parkway, Suite 500
Wortham Tower
Houston, Texas 77019
713 821-6475

There have been no material changes to the prior year's registration statement other than the following:

The payment of the following dividends occurred in 2010 and 2011

DATE DECLARED	SERIES	DIVIDEND AMOUNT
3/10/10	Common	\$250,000
6/4/10	Common	\$250,000
9/20/10	Common	\$250,000
12/20/10	Common	\$250,000
4/08/11	Common	\$500,000

The organizational chart was revised on 3/25/11 to include another affiliate Manhattan Life Investment Company which was incorporated on February 3, 2011 in the Cayman Islands. It is attached and marked Exhibit A. It was formed to possibly offer investment products to non – U.S. citizens.

Under ITEM 5, SECTION 5, reference to the *Amended* Intracompany Service Agreement was added as follows:

An amendment to the Intracompany Service Agreement between Central United Life Insurance Company and Investors Consolidated Insurance Company was effective as of January 1, 2008 and it was not objected to by the Arkansas Department of Insurance by their letter of February 19, 2009.

William "Bill" Bay was elected as Vice President of Web Development on February 7, 2011.

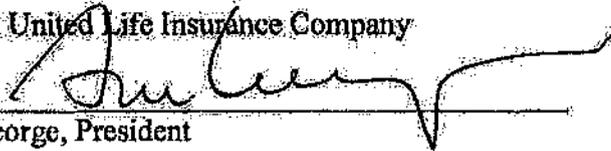
Transactions entered into by the Registrant since the filing of its annual statement for the prior year are not part of any plan or series of transactions whose purpose is to avoid statutory threshold amounts and the review that otherwise might otherwise occur.

SIGNATURE

Pursuant to the requirements of Ark. Code Ann. Section 23-63-514, the Registrant has caused this summary of registration statement to be duly signed on its behalf in the City of Houston and State of Texas on the _____ day of April, 2011.

(SEAL)

Central United Life Insurance Company

BY: 

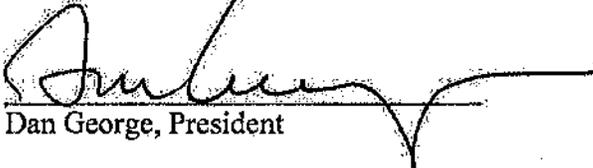
Dan George, President

Attest: 

Mary Lou Rainey, Secretary

Certification

The undersigned deposes and says that he has duly executed the attached summary of registration statement dated April 8, 2011 on behalf half of Central United Life Insurance Company; that he is the President of such company, and that he is authorized to execute and file such instrument. Deponent further says that he is familiar with such instrument and contents thereof, and that the facts therein set forth are true to the best of his knowledge.



Dan George, President

Sworn and subscribed before me this the 11 day of April, 2011.



Notary Public in and for the State of
Texas

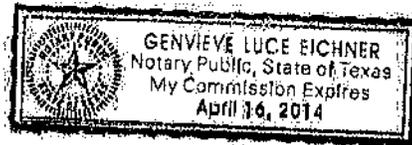
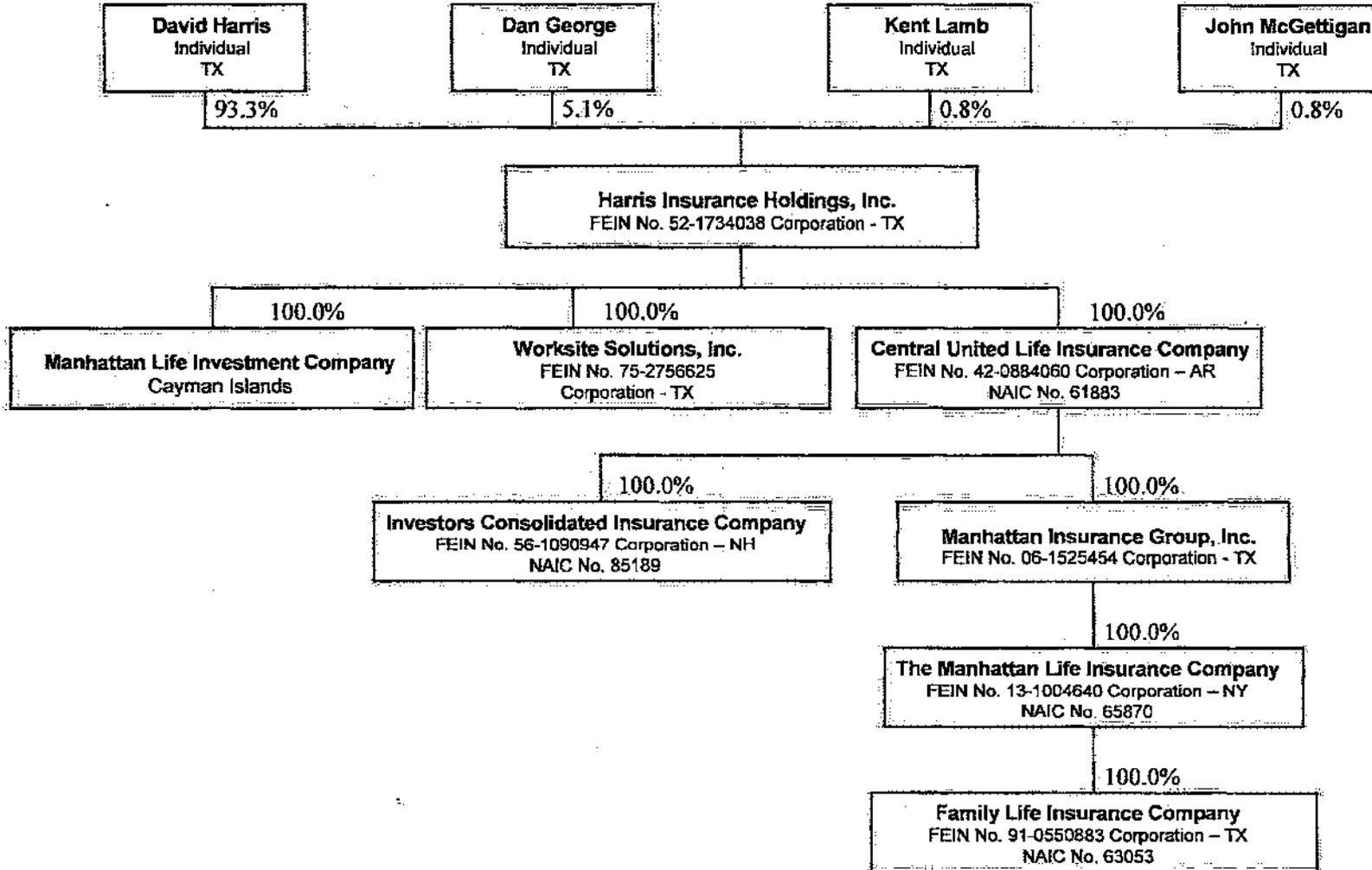


EXHIBIT A

MANHATTAN INSURANCE GROUP

Organization Chart

03/25/2011



Central United Life
P.O. Box 925688
Houston, Texas 77292-5688

JPMorgan Chase Bank, N.A.
Dallas, TX
88-88/1113

1110253299

4/12/2011

PAY One Hundred Dollars And ZERO Cents

DOLLARS \$ *****100.00

VOID AFTER 90 DAYS

Security features included. Details on back.

TO THE ORDER OF

ARKANSAS DEPARTMENT OF INSURANCE

[Handwritten Signature]
[Handwritten Signature]

Central United Life
AP BANKNOTE

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

1110253299

EXPLANATION OF BENEFITS

4/12/2011

04/12/2011 FILING FEE
INVOICE 000000000297430
FILING FEE

100.00

BLOCK#
TOTAL 100.00