

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850843 (4)
 1. Corporation Name
FAMILY SERVICE LIFE INSURANCE COMPANY



Principal Place of Business P O BOX 219018 DALLAS TX 75221	Mailing Address P O BOX 219018 DALLAS TX 75221-9018
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1981	3a. Date of Last Report 02/13/1996
21 3700 S. Stonebridge Dr. Suite, Apt. #, etc.	26 P. O. Box 8070 Suite, Apt. #, etc.			4. FEI Number 74-1319784	Applied For Not Applicable
22 City & State McKinney, TX	27 City & State McKinney, TX			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 75070	28 Country USA	29 Zip 75070	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 75070		25 USA		29 75070	
24 75070		25 USA		30 USA	
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

FLORIDA INSURANCE COMMISSIONER STATE CAPITOL BLDG. TALLAHASSEE FL 32301				B1 Name
				B2 Street Address (P.O. Box Number is Not Acceptable)
				B3
				B4 City
				FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	MCARA, CYNTHIA A.	<input checked="" type="checkbox"/> DELETE	
NAME	12051 DE OR		
STREET ADDRESS	DALLAS TX		
CITY-ST-ZIP			
TITLE PD	HUDSON, C. B., JR.	<input checked="" type="checkbox"/> DELETE	
NAME	9301 MOSS TRAIL		
STREET ADDRESS	DALLAS TX		
CITY-ST-ZIP			
TITLE D	MONTGOMERY, ROSEMARY J.	<input type="checkbox"/> DELETE	
NAME	4111 PECAN ORCHARD		
STREET ADDRESS	PARKER TX		
CITY-ST-ZIP			
TITLE S	HUTCHISON, LARRY M.	<input type="checkbox"/> DELETE	
NAME	C/O 2909 N. BUCKNER BLVD		
STREET ADDRESS	DALLAS TX		
CITY-ST-ZIP			
TITLE C	STOCK, SAM E.	<input type="checkbox"/> DELETE	
NAME	C/O 2909 N. BUCKNER BLVD		
STREET ADDRESS	DALLAS TX		
CITY-ST-ZIP			
TITLE VT	COLEMAN, GARY L.	<input type="checkbox"/> DELETE	
NAME	2105 VRANDEIS DRIVE		
STREET ADDRESS	SICHARDSON TX		
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/29/97 072-560-3214

CR2E034 (9/96)