SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90005 010 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850843

1. Corporation Name

FAMILY SERVICE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
3700 S STONEBRIDGE DR MCKINNEY TX 75070 US	P O BOX 8070 MCKINNEY TX 75070 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 3900 BURGESS PLACE	3. Date Incorporated or Qualified 10/28/1981	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 74-1319784	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 BETHLEHEM, PA	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 18017 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER STATE CAPITOL BLDG. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUDSON, CHARLES BRITTO 1612 CLEFFVIEW DR PLANO TX	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PCEO HUTCHINGS, PETER 7 HANOVER SQUARE NY, NY 10004-2616	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCANDREW, MARK S 5901 N COUNTRY CLUB EDMOND OK	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	EVCE JONES, FRANK 7 HANOVER SQUARE NY, NY 10004-2616	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, ROSEMARY J. 4111 PECAN ORCHARD PARKER TX	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPR STARR, JEREMY 7 HANOVER SQUARE NY, NY 10004-2616	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUTCHISON, LARRY M. C/O 2909 N. BUCKNER BLVD DALLAS TX	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D DEPALO, ARMAND 7 HANOVER SQUARE NY, NY 10004-2616	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C STOCK, SAM E. C/O 2909 N. BUCKNER BLVD DALLAS TX	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D KANE, EDWARD 7 HANOVER SQUARE NY, NY 10004-2616	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT COLEMAN, GARY L. 2105 VRANDEIS DRIVE RICHARDSON TX	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D SARGENT, JOSEPH 7 HANOVER SQUARE NY, NY 10004-2616	☐ Change ☒ Addition

CR2E034 (5/99)

14. I 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 REQUIRED Padavano 8/9/99 212-598-8924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAMILY SERVICE LIFE INSURANCE COMPANY

TIN # 74-1319784

LIST OF OFFICERS & DIRECTORS

1999

FIRST	MIDDLE	LAST	OFFICER	DIRECTOR	TITLE	MAILING ADDRESS	
Joseph	Anthony	Caruso	X		VICE PRESIDENT & CORPORATE SECRETARY	7 Hanover Square	New York, NY 10004-2616
John	Patrick	Cifu	X		VICE PRESIDENT & CONTROLLER	7 Hanover Square	New York, NY 10004-2616
Rodolfo	Esteban	Fidelino	X		VICE PRESIDENT & CHIEF MEDICAL OFFICER	7 Hanover Square	New York, NY 10004-2616
Alexander	McDonald	Grant, Jr.	X		SECURITIES	7 Hanover Square	New York, NY 10004-2616
Earl	Carlton	Harry	X		TREASURER	7 Hanover Square	New York, NY 10004-2616
Raymond	Joseph	Henry	X		SECURITIES	7 Hanover Square	New York, NY 10004-2616
John	Robert	Hurley	X		VICE PRESIDENT, GOVERNMENT RELATIONS	7 Hanover Square	New York, NY 10004-2616
Peter	Joseph	Manzo	X		ASSISTANT VICE PRESIDENT, ASSISTANT CORPORATE SECRETARY & LIFE UNDERWRITER	7 Hanover Square	New York, NY 10004-2616
Benjamin	Hood	Mitchell	X		ACTUARY	7 Hanover Square	New York, NY 10004-2616
John	Bernard	Murphy	X		VICE PRESIDENT, EQUITY SECURITIES	7 Hanover Square	New York, NY 10004-2616
Karen	Louise	Olvany	X		ASSISTANT CORPORATE SECRETARY	7 Hanover Square	New York, NY 10004-2616
Alphonsus	Lawrence	Padavano	X		ASSISTANT CONTROLLER	7 Hanover Square	New York, NY 10004-2616
Stuart	John	Shaw	X		ASSISTANT VICE PRESIDENT	7 Hanover Square	New York, NY 10004-2616
Debra	Ruth	Smith	X		VICE PRESIDENT & COUNSEL	7 Hanover Square	New York, NY 10004-2616
Thomas	George	Sorell	X		VICE PRESIDENT, FIXED INCOME SECURITIES	7 Hanover Square	New York, NY 10004-2616