

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91271 028 ***150.00

DOCUMENT # 850843

1. Entity Name

FAMILY SERVICE LIFE INSURANCE COMPANY

Principal Place of Business

**350 N ST PAUL STREET
DALLAS TX 75201
US**

Mailing Address

**7 HANOVER SQUARE
H 17 J
NEW YORK NY 10004
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-1319784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL BLDG.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HUTCHINS, PETER 7 HANOVER SQUARE NEW YORK NY 10004-2616	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCE JONES, FRANK 7 HANOVER SQUARE NEW YORK NY 10004-2616	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPR STARR, JEREMY 7 HANOVER SQUARE NEW YORK NY 10004-2616	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPALO, ARMAND 7 HANOVER SQUARE NEW YORK NY 10004-2616	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, EDWARD 7 HANOVER SQUARE NEW YORK NY 10004-2616	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARGENT, JOSEPH 7 HANOVER SQUARE NEW YORK NY 10004-2616	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DEPALO, ARMAND M 7 HANOVER SQUARE NEW YORK NY 10004-2616	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK NY 10004-2616	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIN, HOWARD W 7 HANOVER SQUARE NEW YORK, NY 1004-2616	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARUSO, JOSEPH A 7 HANOVER SQUARE NEW YORK NY 10004-2616	☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

212-598-8214
Daytime Phone #

CR2E034 (9/01)