2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2010
Secretary of State

DOCUMENT# 850843

Entity Name: FAMILY SERVICE LIFE INSURANCE COMPANY

Current Principal Place of Business:

350 N ST PAUL STREET
DALLAS, TX 75201 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 74-1319784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPCE
Name: SNYDER, BARBARA L
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

Title: EPCI
Name: SORELL, THOMAS G
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

Title: D
Name: FLANNIGAN, JOHN H
Address: 7 HANOVER SQ
City-St-Zip: NEW YORK, NY 10004

Title: D
Name: BROATCH, ROBERT E
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

Title: DSVP
Name: CARUSO, JOSEPH A
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A CARUSO D 03/19/2010

Electronic Signature of Signing Officer or Director Date