

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850843

Entity Name: FAMILY SERVICE LIFE INSURANCE COMPANY**Current Principal Place of Business:**350 N ST PAUL STREET
DALLAS, TX 75201**Current Mailing Address:**7 HANOVER SQUARE
H 17 J
NEW YORK, NY 10004 US**FEI Number:** 74-1319784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**Title DPCE
Name SLIPOWITZ, MICHAEL
Address 7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004-2616Title D
Name BROATCH, ROBERT E
Address 7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004-2616Title EVPGCCS
Name RICH, TRACY L
Address 7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004Title SVPCS
Name DI MANNI, MARGHERITA L
Address 7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004Title D
Name FLANNIGAN, JOHN H
Address 7 HANOVER SQ
City-State-Zip: NEW YORK NY 10004Title D
Name FERIK, MICHAEL A
Address 7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004-2616Title AVPCOMP
Name PADAVANO, ALPHONSUS L
Address 7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004

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: TRACY L RICH

EVPGCCS

04/07/2014

Electronic Signature of Signing Officer/Director Detail_____
Date