

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850843

**Entity Name:** FAMILY SERVICE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

211 EAST 7TH STREET  
SUITE 620  
AUSTIN, TX 78701

**FILED**  
**Jan 23, 2020**  
**Secretary of State**  
**9218144592CC**

**Current Mailing Address:**

10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA  
NEW YORK, NY 10001 US

**FEI Number: 74-1319784**

**Certificate of Status Desired: Yes**

**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 PCEO  
Name SLIPOWITZ, MICHAEL  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title VPT  
Name SKINNER, WALTER R.  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title CFO  
Name PADAVANO, ALPHONSUS L.  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title CS  
Name CROSSWELL, SONYA L.  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

*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: SONYA L. CROSSWELL**

**SECRETARY**

**01/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date