

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003962

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC4125886752**

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

**Current Principal Place of Business:**

3910 RANCH ROAD 620 SOUTH  
AUSTIN, TX 78738

**Current Mailing Address:**

POST OFFICE BOX 341899  
AUSTIN, TX 78734-0032 US

**FEI Number: 75-2039918**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           PRESIDENT/CEO/DIRECTOR  
Name           THOMAS, SUSAN MICHAEL  
Address        3910 RANCH ROAD 620  
City-State-Zip: AUSTIN TX 78734

Title           CHIEF MARKETING OFFICER  
Name           ARENA, VINCENT WAYNE  
Address        3901 SERENE HILLS DR.  
City-State-Zip: AUSTIN TX 78738

Title           SECRETARY/DIRECTOR  
Name           HALLOCK, PAULA JEANNE  
Address        3700 WILD CHERRY  
City-State-Zip: AUSTIN TX 78734

Title           CHIEF FINANCIAL OFFICER/DIRECTOR  
Name           WALKER, NIGEL SCOTT  
Address        6307 OASIS DRIVE  
City-State-Zip: AUSTIN TX 78749

Title           DIRECTOR  
Name           BERRY, PATRICIA CLEVINGER  
Address        205 CHAMPION DRIVE  
City-State-Zip: AUSTIN TX 78734

Title           DIRECTOR  
Name           NEWLIN, BRUCE  
Address        44 WHITE MAGNOLIA  
City-State-Zip: AUSTIN TX 78734

Title           VP/DIRECTOR OF OPERATIONS  
Name           SANCHEZ, DEBORAH ANN  
Address        100 HART LANE  
City-State-Zip: DRIPPING SPRINGS TX 78620

Title           VP NATIONAL DIRECTOR OF SALES  
Name           ONTIVEROS, RUBEN BENITO  
Address        357 AMBER ASH DRIVE  
City-State-Zip: KYLE TX 78640

*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: SUSAN M. THOMAS**

**PRESIDENT / CEO /  
DIRECTOR**

**03/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date