

6/19

6/1

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90460 026 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 814472

1. Entity Name

Family Life Insurance Company

39308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 4th Avenue

3. Mailing Address

6500 River Place Blvd.

Suite, Apt. #, etc.  
Suite 700Suite, Apt. #, etc.  
Building One

City &amp; State

Seattle, WA

City &amp; State

Austin, Texas

Zip  
98121-2371

Country

Zip  
78730

Country

4. FEI Number

91-0550883

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Insurance Commissioner

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

Capitol Building

City Tallahassee

FL

Zip 32304

DO NOT WRITE  
IN THIS SPACE

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, typed or printed name of registered agent and UBR if applicable)

(DATE: Registered Agent signature required when "changing")

DATE

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

January 1 - May 15 Fee is \$150.00  
 After May 15 Fee is \$550.00  
 Amended UBR is \$81.25  
 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

|                |                                |                |  |
|----------------|--------------------------------|----------------|--|
| TITLE          | CDP                            | TITLE          |  |
| NAME           | Roy F. Mitte                   | NAME           |  |
| STREET ADDRESS | 6500 River Place Blvd., Bldg 1 | STREET ADDRESS |  |
| CITY-STATE-ZIP | Austin, TX 78730               | CITY-STATE-ZIP |  |
| TITLE          | DVP                            | TITLE          |  |
| NAME           | Thomas C. Richmond             | NAME           |  |
| STREET ADDRESS | 6500 River Place Blvd., Bldg 1 | STREET ADDRESS |  |
| CITY-STATE-ZIP | Austin, TX 78730               | CITY-STATE-ZIP |  |
| TITLE          | DVPS                           | TITLE          |  |
| NAME           | Theodore A. Fleron             | NAME           |  |
| STREET ADDRESS | 6500 River Place Blvd., Bldg 1 | STREET ADDRESS |  |
| CITY-STATE-ZIP | Austin, TX 78730               | CITY-STATE-ZIP |  |
| TITLE          | DVP                            | TITLE          |  |
| NAME           | Jeffrey H. Demgen              | NAME           |  |
| STREET ADDRESS | 6500 River Place Blvd., Bldg 1 | STREET ADDRESS |  |
| CITY-STATE-ZIP | Austin, TX 78730               | CITY-STATE-ZIP |  |
| TITLE          |                                | TITLE          |  |
| NAME           |                                | NAME           |  |
| STREET ADDRESS |                                | STREET ADDRESS |  |
| CITY-STATE-ZIP |                                | CITY-STATE-ZIP |  |
| TITLE          |                                | TITLE          |  |
| NAME           |                                | NAME           |  |
| STREET ADDRESS |                                | STREET ADDRESS |  |
| CITY-STATE-ZIP |                                | CITY-STATE-ZIP |  |

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02 (512) 404-5040

CR2E031B (12/01)



## Family Life

Attachment 39308  
# 814472  
Family Life Insurance Company  
P.O. Box 149138  
Austin, TX 78714-9138  
512-404-5000 or 800-925-6000

*Via Certified Mail*

July 18, 2002

Attn: Marquitta Williams  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Family Life Insurance Company - 2002 Annual Report**

Dear Sir or Madam:

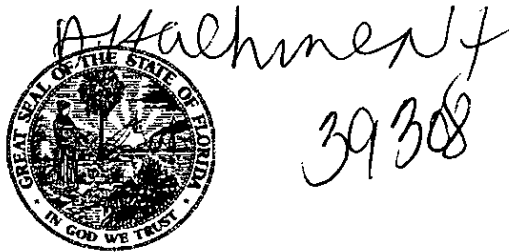
Enclosed is a copy of the Uniform Business Report for Family Life Insurance Company that was returned to us for correction. A check in the amount of \$150.00 for the filing fee was submitted already with the original Annual Report. We did not receive a Uniform Business Report in May that is why we did not file before May 1, 2002. And as instructed by Marquita w/Annual Reports Section, I am sending this notice back once again along with the copy of Uniform Business Report to waive the fee of \$400.00.

If you should have any questions, please call me at 800-925-6000 ext. 5067. Thank you for your assistance in this matter.

Sincerely,

Melissa Martinez  
Administrative Assistant

Enclosure



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

**REC'D**

JUL 18 2002

BY THE LEGAL DEPT.

July 9, 2002

FAMILY LIFE INSURANCE COMPANY  
6500 RIVER PLACE BLVD.  
BLDG. ONE  
AUSTIN, TX 78730

Subject: **FAMILY LIFE INSURANCE COMPANY**

Reference Number: **814472**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

ANNUAL REPORTS SECTION

Attachment  
# 814472



**Family Life**

Family Life Insurance Company  
P.O. Box 149138  
Austin, TX 78714-9138  
512-404-5000 or 800-925-6000

39308

June 27, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Family Life Insurance Company - 2002 Annual Report**

Dear Sir or Madam:

Enclosed is a copy of the Annual Report for Family Life Insurance Company which was returned to us for correction, a check in the amount of \$ 150.00 to cover for the filing fee was submitted already with the original Annual Report. We did not receive an original 2002 Annual Report/Uniform Business Report mailed to our company, and as instructed by your division of annual reports I am sending this notice to please waive the fee of \$400.00.

If you should have any questions, please call me at 800-925-6000 ext. 5067. Thank you for your assistance in this matter.

Sincerely,

Melissa Martinez  
Administrative Assistant

Enclosure

Attachment  
ENC # 814472

**FAMILY LIFE INSURANCE COMPANY**

**Business Address:**

6500 River Place Blvd., Bldg. 1  
Austin, Texas 78730

39308

**Name**

**Title**

Roy F. Mitte

Chairman of the Board, President and Chief Executive  
Officer, Director

Thomas C. Richmond

Executive Vice President, Chief Administrative Officer,  
and Treasurer, Director

Theodore A. Fleron

Senior Vice President, General Counsel and Secretary,  
Director

Jeffrey H. Demgen

Executive Vice President of Sales and Marketing,  
Director

David C. Hopkins

Senior Vice President, Controller and Assistant  
Secretary

Nigel S. Walker

Senior Vice President, Controller and Assistant  
Secretary

Sheryl Kinlaw

Senior Vice President and Assistant Secretary

John M. Welliver

Senior Vice President and Chief Underwriter, Director

Walter L. Reed

Senior Vice President

Roberta A. Mitchell

Senior Vice President

John W. Peasley

Senior Vice President

Robert D. Rue

Senior Vice President, Director

Cindy Hall-Davis

Senior Vice President

Robert S. Cox

Senior Vice President

Sharon D. Rickey

Senior Vice President

Laurie C. Black

Senior Vice President

attachment  
DC# 814472

Ricardo A. Cruz

Senior Vice President

Peter A. Tritz

Senior Vice President

Ken Schneider

Senior Vice President

Larry W. Horne

Senior Vice President

39308