


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90018 029 \*\*\*150.00

**DOCUMENT # 814472**

1. Entity Name  
**FAMILY LIFE INSURANCE COMPANY**



Principal Place of Business  
**6500 RIVER PLACE BLVD BLDG 1**  
**AUSTIN, TX 78730 US**

Mailing Address  
**6500 RIVER PLACE BLVD.**  
**BLDG. ONE**  
**AUSTIN, TX 78730**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**91-0550883**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP BOISTURE, BRUCE <input type="checkbox"/> Delete 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ANNARINO, HANS J <input type="checkbox"/> Delete 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS FLERON, THEODORE A <input type="checkbox"/> Delete 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WISE III, GEORGE M <input checked="" type="checkbox"/> Delete 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT Vincent L. Kasch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6500 River Place Blvd., Bldg. 1 Austin, TX 78730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Nigel S. Walker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6500 River Place Blvd., Bldg. 1 Austin, TX 78730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theodore A. Fleron* **Theodore A. Fleron** 3-16-05 (512)404-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #