

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814472

FILED
Jan 05, 2009
Secretary of State

Entity Name: FAMILY LIFE INSURANCE COMPANY

Current Principal Place of Business:

10700 NORTHWEST FREEWAY
THIRD FLOOR
HOUSTON, TX 77092 US

New Principal Place of Business:

Current Mailing Address:

10700 NORTHWEST FREEWAY
THIRD FLOOR
HOUSTON, TX 77092

New Mailing Address:

FEI Number: 91-0550883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HARRIS, DAVID W
Address: 2727 ALLEN PARKWAY, SUITE 500
City-St-Zip: HOUSTON, TX 77019

Title: P () Delete
Name: GEORGE, DAN
Address: 2727 ALLEN PARKWAY, SUITE 500
City-St-Zip: HOUSTON, TX 77019

Title: S, D () Delete
Name: RAINEY, MARY LOU
Address: 10700 NORTHWEST FREEWAY, THIRD FLOOR
City-St-Zip: HOUSTON, TX 77092

Title: CFO () Delete
Name: KENT, LAMB
Address: 2727 ALLEN PARKWAY, SUITE 500
City-St-Zip: HOUSTON, TX 77019

Title: DVP () Delete
Name: MCGETTIGAN, JOHN E
Address: 2727 ALLEN PARKWAY, SUITE 500
City-St-Zip: AUSTIN, TX 77019

Title: DVP () Delete
Name: BLAKEY, LEE ANN
Address: 10700 NORTHWEST FREEWAY, SUITE 500
City-St-Zip: HOUSTON, TX 77092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY LOU RAINEY

S/D

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date