

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90065 050 ***150.00

0510940 AT

DOCUMENT # F97000005878

1. Entity Name

FAMILY FINANCIAL LIFE INSURANCE COMPANY

Principal Place of Business

**2555 SEVERN AVE
 METAIRIE LA 70002
 US**

Mailing Address

**P.O. BOX 19685
 NEW ORLEANS LA 70179-0685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-0394135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **KEACH, JOHN K JR**
 STREET ADDRESS **501 WASHINGTON STREET**
 CITY-ST-ZIP **COLUMBUS IN 47201**

TITLE **S** ☐ Change ☒ Addition
 NAME **McCollum, Richard H.**
 STREET ADDRESS **2555 Severn Avenue**
 CITY-ST-ZIP **Metairie, LA. 70002**

TITLE **P** ☐ Delete
 NAME **PANNO, JACK P**
 STREET ADDRESS **2555 SEVERN AVENUE**
 CITY-ST-ZIP **METAIRIE LA 70002**

TITLE **D** ☐ Change ☒ Addition
 NAME **Middlemas, John R.**
 STREET ADDRESS **101 Harrison Avenue**
 CITY-ST-ZIP **Panama City, FL. 32401**

TITLE **VD** ☐ Delete
 NAME **DUNN, ROBERTS R**
 STREET ADDRESS **110 EAST CHARLES STREET**
 CITY-ST-ZIP **MUNCIE IN 47305-2400**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Roberts, R. Donn**
 STREET ADDRESS **110 East Charles Street**
 CITY-ST-ZIP **Muncie, IN. 47305**

TITLE **VD** ☐ Delete
 NAME **BAILEY, HARRY J**
 STREET ADDRESS **2118 BUNDY AVENUE**
 CITY-ST-ZIP **NEW CASTLE IN 47362**

TITLE **D** ☐ Change ☒ Addition
 NAME **Rhyne, Allison A.**
 STREET ADDRESS **2440 Mall Drive, #100**
 CITY-ST-ZIP **Charleston, SC. 29406**

TITLE **D** ☒ Delete
 NAME **BROWN, MURRAY J**
 STREET ADDRESS **101 SE 3RD ST.**
 CITY-ST-ZIP **EVANSVILLE IN 47706**

TITLE **D/T** ☐ Change ☒ Addition
 NAME **Unger, T. Tim**
 STREET ADDRESS **1121 East Main Street**
 CITY-ST-ZIP **Plainfield, IN. 46168**

TITLE **D** ☐ Delete
 NAME **SHAY, RODGER D JR**
 STREET ADDRESS **1000 BRICKELL AVE., STE 700**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack P. Panno, President

April 17, 2002 (504) 456-0101

Date

Daytime Phone #

CR2E034 (9/01)