

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005878

FILED
Apr 28, 2004
Secretary of State

Entity Name: FAMILY FINANCIAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

2555 SEVERN AVE
METAIRIE, LA 70002 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19685
NEW ORLEANS, LA 701790685

New Mailing Address:

FEI Number: 72-0394135

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: VD () Delete
Name: KEACH, JOHN K JR
Address: 501 WASHINGTON STREET
City-St-Zip: COLUMBUS, IN 47201

Title: P () Delete
Name: PANNO, JACK P
Address: 2555 SEVERN AVENUE
City-St-Zip: METAIRIE, LA 70002

Title: D () Delete
Name: ROBERTS, R. DONN
Address: 110 EAST CHARLES STREET
City-St-Zip: MUNCIE, IN 473052400

Title: D () Delete
Name: BAILEY, HARRY J
Address: 2118 BUNDY AVENUE
City-St-Zip: NEW CASTLE, IN 47362

Title: DT () Delete
Name: UNGER, TIM T
Address: 1121 EAST MAIN STREET
City-St-Zip: PLAINFIELD, IN 46168

Title: D () Delete
Name: SHAY, RODGER D JR
Address: 1000 BRICKELL AVE., STE 700
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HEETER, DAVID W
Address: 110 EAST CHARLES STREET
City-St-Zip: MUNCIE, IN 473052400

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 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 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: JACK P PANNO

P

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date

RHYNE, ALLISON ANN DIRECTOR
2440 MALL DRIVE
SUITE 100
CHARLESTON, SOUTH CAROLINA 29406