


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000005878 1. Entity Name FAMILY FINANCIAL LIFE INSURANCE COMPANY	
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Principal Place of Business 2555 SEVERN AVE METAIRIE, LA 70002 US	Mailing Address P.O. BOX 19685 NEW ORLEANS, LA 70179-0685
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0394135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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. 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KEACH, JOHN K JR 501 WASHINGTON STREET COLUMBUS, IN 47201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PANNO, JACK P 2555 SEVERN AVENUE METAIRIE, LA 70002
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEETER, DAVID W 110 EAST CHARLES STREET MUNCIE, IN 473052400
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAILEY, HARRY J 2118 BUNDY AVENUE NEW CASTLE, IN 47362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT UNGER, TIM T 1121 EAST MAIN STREET PLAINFIELD, IN 46168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAY, RODGER D JR 1000 BRICKELL AVE., STE 700 MIAMI, FL 33131

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IN THIS SPACE**

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05/03/05-80112-005 150.00

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 line empowered.

SIGNATURE: *Jack Panno* **4/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #