

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90181 011 ***150.00

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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

See Additional Sheet

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEACH, JOHN K JR 501 WASHINGTON STREET COLUMBUS IN 47201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANNO, JACK P 2555 SEVERN AVENUE METAIRIE LA 70002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONN, ROBERTS R 110 EAST CHARLES STREET MUNCIE IN 47305-2400	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, HARRY J 2118 BUNDY AVENUE NEW CASTLE IN 47362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT UNGER, TIM T 1121 EAST MAIN STREET PLAINFIELD IN 46168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAY, RODGER D JR 1000 BRICKELL AVE., STE 700 MIAMI FL 33131	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" 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	D ROBERTS, R. DONN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2003

(504) 456-0101

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90058340
F97000005878

Family Financial Life Insurance Company
FEIN Number: 72-0394135
2002 Uniform Business Report (UBR)
Florida Department of State
Division of Corporations

Attachment for Item 10. Additional Officers/Directors:

Change

Addition

TITLE : S
NAME : McCollum, Richard H.
ST.ADDRESS: 2555 Severn Avenue
CITY-ST-ZIP : Metairie, LA. 70002

TITLE : D
NAME : Rhyne, Allison A.
ST.ADDRESS: 2440 Mall Drive, Suite 100
CITY-ST-ZIP : Charleston, SC. 29406

TITLE : D
NAME : Middlemas, John R.
ST.ADDRESS: 101 Harrison Avenue
CITY-ST-ZIP : Panama City, FL. 32401