

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002497

**Entity Name:** FUNERAL DIRECTORS LIFE INSURANCE COMPANY**Current Principal Place of Business:**6550 DIRECTORS PARKWAY  
ABILENE, TX 79606**Current Mailing Address:**P.O. BOX 5649  
ABILENE, TX 79608**FEI Number: 74-1001040****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PD
Name	SEALE, BILLY KRIS
Address	6550 DIRECTORS PARKWAY
City-State-Zip:	ABILENE TX 79606

Title	VD
Name	FRANCE, MARK STEVEN
Address	6550 DIRECTORS PARKWAY
City-State-Zip:	ABILENE TX 79606

Title	STV
Name	GROBAN, TERRY LEIGH
Address	6550 DIRECTORS PARKWAY
City-State-Zip:	ABILENE TX 79606

Title	C
Name	HARPER, BILLY RAY
Address	435 WEST BEAUREGARD
City-State-Zip:	SAN ANGELO TX 79549

Title	V
Name	RODRIGUEZ, DAWSON MJR.
Address	6550 DIRECTORS PARKWAY
City-State-Zip:	ABILENE TX 79606

Title	V
Name	BAXTER, PATSY MARIE
Address	6550 DIRECTORS PARKWAY
City-State-Zip:	ABILENE TX 79606

*I hereby 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 all other like empowered.*

**SIGNATURE: TERRY LEIGH GROBAN****EXECUTIVE VICE  
PRESIDENT, CFO****03/20/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date