

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **814472** (7)
1. Corporation Name
FAMILY LIFE INSURANCE COMPANY



Principal Place of Business: **701 BRAZOS SUITE 1200 AUSTIN TX 78701**
Mailing Address: **701 BRAZOS SUITE 1200 AUSTIN TX 78701**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
City & State (22)
Zip (23)
Country (25)
Country (29)

3. Date Incorporated or Qualified: **06/07/1960**
3a. Date of Last Report: **05/15/1995**
4. FEI Number: **91-0550883**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation's president, secretary and chief financial officer

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	MITTE, ROY F	
STREET ADDRESS	701 BRAZOS ST., STE. 1200	
CITY-STATE-ZIP	AUSTIN TX 78701	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	PAYNE, EUGENE E	
STREET ADDRESS	701 BRAZOS ST., STE. 1200	
CITY-STATE-ZIP	AUSTIN TX 78701	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SCHMITT, STEVEN P	
STREET ADDRESS	701 BRAZOS ST., STE. 1200	
CITY-STATE-ZIP	AUSTIN TX 78701	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SPEARS, ROBERT F	
STREET ADDRESS	701 BRAZOS ST., STE. 1200	
CITY-STATE-ZIP	AUSTIN TX 78701	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	GRACE, JAMES M	
STREET ADDRESS	701 BRAZOS ST., STE. 1200	
CITY-STATE-ZIP	AUSTIN TX 78701	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	CROWE, JOSEPH F	
STREET ADDRESS	701 BRAZOS ST., STE. 1200	
CITY-STATE-ZIP	AUSTIN TX 78701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Robert F. Spears*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert F. Spears**

03/04/96 512-404-5040
Date Date-time Phone #

CR2E034 (12/95)

FAMILY LIFE INSURANCE COMPANY

**Administrative Office:
701 Brazos Street, Suite 1400
Austin, Texas 78701**

**Directors of the Company
as of
January 29, 1996**

Roy F. Mitte	James M. Grace
Eugene E. Payne	Joseph F. Crowe
Steven P. Schmitt	Jeffrey H. Demgen
Robert F. Spears	Dale E. Mitte
Roger H. Hamm	

FAMILY LIFE INSURANCE COMPANY

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Suite 1400
Austin, Texas 78701

Officers of the Company
as of
January 29, 1996

<u>Name</u>	<u>Title</u>
Roy F. Mitte	Chairman of the Board, President and Chief Executive Officer
James M. Grace	Executive Vice President, Chief Financial Officer, Treasurer and Assistant Secretary
Eugene E. Payne	Executive Vice President, Chief Administrative Operations Officer and Secretary
Joseph F. Crowe	Executive Vice President, Chief Financial Operations Officer and Assistant Secretary
Roger H. Hamm	Executive Vice President, Chief Sales and Marketing Officer and Assistant Secretary
Robert F. Spears	Senior Vice President, General Counsel and Assistant Secretary
Dale E. Mitte	Senior Vice President and Chief Underwriter
Steven P. Schmitt	Senior Vice President and Assistant Secretary
David C. Hopkins	Senior Vice President and Controller
Jeffrey H. Demgen	Senior Vice President
Thomas Richmond	Senior Vice President
Karl Baker	Senior Vice President and Chief Actuary
Neuman Eskue	Senior Vice President

John M. Welliver	Vice President
Lois A. Haverstrom	Vice President
Ricardo Cruz	Vice President
Laurie Black	Vice President
John Peasley	Vice President
Roberta Mitchell	Vice President
Peter Tritz	Vice President
Paul Vandevere	Vice President
Brad Groff	Vice President
Robert Rue	Vice President
Nigel Walker	Vice President
Richard Getter	Vice President