

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814472

FILED  
Jan 02, 2008  
Secretary of State

Entity Name: FAMILY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

10700 NORTHWEST FREEWAY  
THIRD FLOOR  
HOUSTON, TX 77092 US

**New Principal Place of Business:**

**Current Mailing Address:**

10700 NORTHWEST FREEWAY  
THIRD FLOOR  
HOUSTON, TX 77092

**New Mailing Address:**

FEI Number: 91-0550883      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: CEO ( ) Delete  
Name: HARRIS, DAVID W  
Address: 2727 ALLEN PARKWAY, SUITE 500  
City-St-Zip: HOUSTON, TX 77019

Title: P ( ) Delete  
Name: GEORGE, DAN  
Address: 2727 ALLEN PARKWAY, SUITE 500  
City-St-Zip: HOUSTON, TX 77019

Title: S, D ( ) Delete  
Name: RAINEY, MARY LOU  
Address: 10700 NORTHWEST FREEWAY, THIRD FLOOR  
City-St-Zip: HOUSTON, TX 77092

Title: CFO ( ) Delete  
Name: KENT, LAMB  
Address: 2727 ALLEN PARKWAY, SUITE 500  
City-St-Zip: HOUSTON, TX 77019

Title: DVP ( ) Delete  
Name: MCGETTIGAN, JOHN E  
Address: 2727 ALLEN PARKWAY, SUITE 500  
City-St-Zip: AUSTIN, TX 77019

Title: DVP ( ) Delete  
Name: BLAKEY, LEE ANN  
Address: 10700 NORTHWEST FREEWAY, SUITE 500  
City-St-Zip: HOUSTON, TX 77092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated in Chapter 119, 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: MARY LOU RAINEY

S D

01/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date