

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90070 001 ***158.75

DOCUMENT # 814472 1. Corporation Name FAMILY LIFE INSURANCE COMPANY



Principal Place of Business 2101 4TH AVENUE SUITE 700 SEATTLE WA 98121 US Mailing Address 701 BRAZOS SUITE 1200 AUSTIN TX 78701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country 2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified 06/07/1960 4. FEI Number 91-0550883 Applied For Not Applicable 5. Certificate of Status Desired XX \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5:00 - May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 6 rows of officer information: Title, Name, Street Address, City-ST-ZIP. Includes CDP MITTE, ROY F; DVPS PAYNE, EUGENE E; DVP SCHMITT, STEVEN P; DVP FLERON, THEODORE A; DVPT GRACE, JAMES M; VD DEMGEN, JEFFREY H.

Table with 6 rows for additions/changes to officers and directors, with columns for Title, Name, Street Address, City-ST-ZIP and checkboxes for Change/Addition.

14. 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 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, with all other like empowered.

SIGNATURE: Theodore A. Fleron 01/08/99 512/404-5040

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