

6/19

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FILED  
Jul 23, 2002 8:00 am  
Secretary of State

06-19-2002 90460 026 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 814472

1. Entity Name

Family Life Insurance Company

39308

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2101 4th Avenue

3. Mailing Address

6500 River Place Blvd.

Suite, Apt. #, etc.  
Suite 700

Suite, Apt. #, etc.  
Building One

DO NOT WRITE IN THIS SPACE

City & State  
Seattle, WA

City & State  
Austin, Texas

4. FEI Number  
91-0550883

Applied For  
Not Applicable

Zip  
98121-2371

Country

Zip  
78730

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE IN THIS SPACE**

Name  
Insurance Commissioner

Street Address (P.O. Box Number is Not Acceptable)  
Capitol Building

City Tallahassee FL Zip 32304

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.

SIGNATURE

(Signature, typed or printed name of registered agent and UBR filer)

(DATE: Registered Agent signature required when "changing")

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

January 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
CDP  
Roy F. Mitte  
6500 River Place Blvd., Bldg 1  
Austin, TX 78730

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DVP  
Thomas C. Richmond  
6500 River Place Blvd., Bldg 1  
Austin, TX 78730

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DWPS  
Theodore A. Fleron  
6500 River Place Blvd., Bldg 1  
Austin, TX 78730

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DVP  
Jeffrey H. Demgen  
6500 River Place Blvd., Bldg 1  
Austin, TX 78730

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE IN THIS SPACE**

CR2E03-1B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 11 or an attachment with an address, with all other like empowers.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/02 (512) 404-5040

DATE

Attachment # 39308  
# 814472



## Family Life

Family Life Insurance Company  
P.O. Box 149138  
Austin, TX 78714-9138  
512-404-5000 or 800-925-6000

*Via Certified Mail*

July 18, 2002

Attn: Marquitta Williams  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

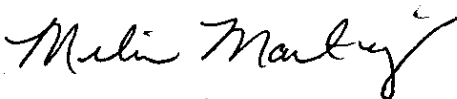
**Re: Family Life Insurance Company - 2002 Annual Report**

Dear Sir or Madam:

Enclosed is a copy of the Uniform Business Report for Family Life Insurance Company that was returned to us for correction. A check in the amount of \$150.00 for the filing fee was submitted already with the original Annual Report. We did not receive a Uniform Business Report in May that is why we did not file before May 1, 2002. And as instructed by Marquita w/Annual Reports Section, I am sending this notice back once again along with the copy of Uniform Business Report to waive the fee of \$400.00.

If you should have any questions, please call me at 800-925-6000 ext. 5067. Thank you for your assistance in this matter.

Sincerely,



Melissa Martinez  
Administrative Assistant

Enclosure



Attachment  
39308

**REC'D**

JUL 18 2002

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

BY THE LEGAL DEPT.

July 9, 2002

FAMILY LIFE INSURANCE COMPANY  
6500 RIVER PLACE BLVD.  
BLDG. ONE  
AUSTIN, TX 78730

Subject: **FAMILY LIFE INSURANCE COMPANY**

Reference Number: **814472**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg  
ANNUAL REPORTS SECTION

Attachment  
# 814472



**Family Life**

Family Life Insurance Company  
P.O. Box 149138  
Austin, TX 78714-9138  
512-404-5000 or 800-925-6000

39308

June 27, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Family Life Insurance Company - 2002 Annual Report**

Dear Sir or Madam:

Enclosed is a copy of the Annual Report for Family Life Insurance Company which was returned to us for correction, a check in the amount of \$ 150.00 to cover for the filing fee was submitted already with the original Annual Report. We did not receive an original 2002 Annual Report/Uniform Business Report mailed to our company, and as instructed by your division of annual reports I am sending this notice to please waive the fee of \$400.00.

If you should have any questions, please call me at 800-925-6000 ext. 5067. Thank you for your assistance in this matter.

Sincerely,

Melissa Martinez  
Administrative Assistant

Enclosure

Attachment  
ENC # 84472

**FAMILY LIFE INSURANCE COMPANY**



39308

**Business Address:** 6500 River Place Blvd., Bldg. 1  
Austin, Texas 78730

<u>Name</u>	<u>Title</u>
Roy F. Mitte	Chairman of the Board, President and Chief Executive Officer, Director
Thomas C. Richmond	Executive Vice President, Chief Administrative Officer, and Treasurer, Director
Theodore A. Fleron	Senior Vice President, General Counsel and Secretary, Director
Jeffrey H. Demgen	Executive Vice President of Sales and Marketing, Director
David C. Hopkins	Senior Vice President, Controller and Assistant Secretary
Nigel S. Walker	Senior Vice President, Controller and Assistant Secretary
Sheryl Kinlaw	Senior Vice President and Assistant Secretary
John M. Welliver	Senior Vice President and Chief Underwriter, Director
Walter L. Reed	Senior Vice President
Roberta A. Mitchell	Senior Vice President
John W. Peasley	Senior Vice President
Robert D. Rue	Senior Vice President, Director
Cindy Hall-Davis	Senior Vice President
Robert S. Cox	Senior Vice President
Sharon D. Rickey	Senior Vice President
Laurie C. Black	Senior Vice President

Attachment  
Doc # B14472

Ricardo A. Cruz

Senior Vice President

Peter A. Tritz

Senior Vice President

Ken Schneider

Senior Vice President

Larry W. Horne

Senior Vice President



39308