

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90196 027 ***550.00

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1. Entity Name
FAMILY LIFE INSURANCE COMPANY



Principal Place of Business
**2101 4TH AVENUE
SUITE 700
SEATTLE WA 98121
US**

Mailing Address
**6500 RIVER PLACE BLVD.
BLDG. ONE
AUSTIN TX 78730**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-0550883**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP MITTE, ROY F 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN TX 78730 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT RICHMOND, THOMAS C 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN TX 78730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FLERON, THEODORE A 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN TX 78730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEMGEN, JEFFREY H 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN TX 78730 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP Payne, Eugene E. 6500 River Place Blvd., Bldg.1 Austin, TX 78730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Wise III, George M. 6500 River Place Blvd., Bldg.1 Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-03

Date

(512)404-5040

Daytime Phone #

CR2E034 (4/03)

Attachment
80143/73

814472

All Officers Physical Address
6500 River Place Blvd., Building I
Austin, Texas 78730

Family Life Insurance Company

Additional Officers and Directors of the Company
as of
April 23, 2003

<u>Name</u>	<u>Title</u>
Hans J. Annarino	Executive Vice President of Sales and Marketing, Director
John M. Welliver	Senior Vice President and Chief Underwriter; Director
Sheryl Kinlaw	Senior Vice President and Assistant Secretary; Director
Nigel S. Walker	Senior Vice President, Controller and Assistant Secretary; Director
David C. Hopkins	Senior Vice President, Controller and Assistant Secretary
Roberta Mitchell	Senior Vice President
John W. Peasley	Senior Vice President
Robert D. Rue	Senior Vice President
Cindy-Hall-Davis	Senior Vice President
Robert S. Cox	Senior Vice President
Sharon D. Rickey	Senior Vice President
Laurie C. Black	Senior Vice President
Peter A. Tritz	Senior Vice President
Ken Schneider	Senior Vice President
Larry W. Horne	Senior Vice President