


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90329 027 ***150.00

DOCUMENT # 814472	
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
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24046924



2. Principal Place of Business 6500 River Place Blvd. Suite, Apt. #, etc. Building 1	3. Mailing Address Suite, Apt. #, etc.
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04022004 Chg-P CR2E034 (10/03)

City & State Austin, Texas	City & State	4. FEI Number 91-0550883	Applied For Not Applicable
Zip 78730	Country US	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP PAYNE, EUGENE E 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 checked="" 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	CFO WISE III, GEORGE M 6500 RIVER PLACE BLVD., BLDG. 1 AUSTIN, TX 78730	<input 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP Boisture, Bruce 6500 River Place Blvd., Bldg. I Austin, TX 78730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Annarino, Hans J. 6500 River Place Blvd., Bldg. I 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	DVP Wise III, George M. 6500 River Place Blvd., Bldg. I 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

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: 	Theodore A. Fleron	4-7-04	(512) 404-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Attachment
24046924

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 1, 2004

Name

Title

Nigel S. Walker

Senior Vice President, Controller and, Assistant
Secretary; Director

Sharon D. Rickey

Senior Vice President, Director