

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 1 1995

DOCUMENT # **850843** (4)

1. Corporation Name

**FAMILY SERVICE LIFE INSURANCE COMPANY**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 219018 DALLAS TX 75221	P O BOX 219018 DALLAS TX 75221

3. Date incorporated or Qualified <b>10/28/1981</b>	3a. Date of Last Report <b>06/28/1994</b>
4. FEI Number <b>74-1319784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
STATE CAPITOL BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MCARA, CYNTHIA A.
STREET ADDRESS	12051 DE OR
CITY ST ZIP	DALLAS TX
TITLE	PD
NAME	HUDSON, C. B., JR.
STREET ADDRESS	9301 MOSS TRAIL
CITY ST ZIP	DALLAS TX
TITLE	D
NAME	MONTGOMERY, ROSEMARY J.
STREET ADDRESS	4111 PECAN ORCHARD
CITY ST ZIP	PARKER TX
TITLE	S
NAME	HUTCHISON, LARRY M.
STREET ADDRESS	C/O 2909 N. BUCKNER BLVD
CITY ST ZIP	DALLAS TX
TITLE	C
NAME	STOCK, SAM E.
STREET ADDRESS	C/O 2909 N. BUCKNER BLVD
CITY ST ZIP	DALLAS TX
TITLE	VT
NAME	COLEMAN, GARY L.
STREET ADDRESS	2105 VRANDEIS DRIVE
CITY ST ZIP	RICHARDSON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Sam E. Stock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COMP TROLLER  
SAM E. STOCK

5-22-95 214 328 2841