

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 850843
 1. Entity Name
FAMILY SERVICE LIFE INSURANCE COMPANY



44051891

Principal Place of Business
**350 N ST PAUL STREET
 DALLAS, TX 75201 US**

Mailing Address
**7 HANOVER SQUARE
 H 17 J
 NEW YORK, NY 10004 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
74-1319784

Applied For
 Not Applicable

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

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
Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City
Tallahassee FL Zip Code
32301

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 Mary Wiener DATE 8/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$650.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DEPALO, ARMAND M 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCE JONES, FRANK 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPR STARR, JEREMY 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, EDWARD 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARUSO, JOSEPH A 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Officer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EP& Chief Investment/ SORELL, THOMAS G 7 HANOVER SQUARE NEW YORK, NY 10004-2616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VR <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	D/SP/CORPORATE S <input checked="" 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] Date 8/3/04 212-598-8386
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment
44051891
#850843



August 11, 2004

Florida Department of Insurance
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399

RE: 2004 Annual Report- The Family Service Life Insurance Company- NAIC #74004

To Whom It May Concern:

Enclosed, please find the completed 2004 Annual Report along with a filing fee of \$150.00, for the above-mentioned subject.

Please note that we did not received the first post card with a requested due date of May 1, 2004. As a result of the second post card with notification of intent to dissolve, we would greatly appreciate you waiving the additional filing fee of \$400.00.

Should you have any questions, please feel free to contact me at (212) 598-1226.

Novelette Barton
Financial Reporting

FLORIDA FOR PROFIT CORPORATION ANNUAL REPORT
 YEAR - 2004

FAMILY SERVICE LIFE INSURANCE COMPANY

DIRECTORS CONTINUED:	TITLE	ADDRESS:	CHANGE/ ADDITION
Broatch, Robert E	D	7 Hanover Square New York, NY 10004-2616	Addition

OFFICERS CONTINUED:	TITLE	ADDRESS:	CHANGE/ ADDITION
Bialeck, Alan R	V Tax	7 Hanover Square New York, NY 10004-2616	Addition
Farnsworth-Einsidler, Karen	V Invest & RE Counsel	7 Hanover Square New York, NY 10004-2616	Addition
Hurley, John R	V Government Relations	7 Hanover Square New York, NY 10004-2616	Addition
Padavano, Alphonsus L	AV & Controller	7 Hanover Square New York, NY 10004-2616	Addition
Rose, Roland R	Associate Actuary	7 Hanover Square New York, NY 10004-2616	Addition
Shaw, Stuart J	V Group Products	7 Hanover Square New York, NY 10004-2616	Addition

Attachment
~~44051891~~
 # 850843