


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90078 048 ***150.00

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



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.

City & State

Zip Country Zip Country



01312005 Chg-P CR2E034 (10/03)

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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

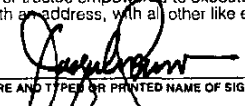
10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DPCF | <input type="checkbox"/> Delete |
| NAME | DEPALO, ARMAND M | |
| STREET ADDRESS | 7 HANOVER SQUARE | |
| CITY-ST-ZIP | NEW YORK, NY 100042616 | |
| TITLE | EPCI | <input type="checkbox"/> Delete |
| NAME | SORRELL, THOMAS G | |
| STREET ADDRESS | 7 HANOVER SQUARE | |
| CITY-ST-ZIP | NEW YORK, NY 100042616 | |
| TITLE | DVR | <input type="checkbox"/> Delete |
| NAME | STARR, JEREMY | |
| STREET ADDRESS | 7 HANOVER SQUARE | |
| CITY-ST-ZIP | NEW YORK, NY 100042616 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MANNING, DENNIS J | |
| STREET ADDRESS | 7 HANOVER SQUARE | |
| CITY-ST-ZIP | NEW YORK, NY 100042616 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KANE, EDWARD | |
| STREET ADDRESS | 7 HANOVER SQUARE | |
| CITY-ST-ZIP | NEW YORK, NY 100042616 | |
| TITLE | DSPC | <input type="checkbox"/> Delete |
| NAME | CARUSO, JOSEPH A | |
| STREET ADDRESS | 7 HANOVER SQUARE | |
| CITY-ST-ZIP | NEW YORK, NY 100042616 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SORELL, THOMAS G | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DSVS | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:  **2/4/05 212-598-8386**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joseph A. Caruso, Sr. Vice President & Corporate Secretary

FLORIDA FOR PROFIT CORPORATION ANNUAL REPORT
YEAR - 2005

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 |
| 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

2001/07/03
#850843