

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90005 009 \*\*\*150.00

<b>DOCUMENT # 850843</b>			
1. Entity Name <b>FAMILY SERVICE LIFE INSURANCE COMPANY</b>			
Principal Place of Business <b>350 N ST PAUL STREET DALLAS, TX 75201 US</b>		Mailing Address <b>7 HANOVER SQUARE H 17 J NEW YORK, NY 10004 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			



07052006 Chg-P CR2E034 (11/05)

4. FEI Number **74-1319784** Applied For Not Applicable

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

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006** 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	DPCE DEPALO, ARMAND M 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JOHN H. FLANNIGAN 7 HANOVER SQUARE NEW YORK, NY 10004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPCI SORELL, THOMAS G 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVR STARR, JEREMY 7 HANOVER SQUARE NEW YORK, NY 100042616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVS CARUSO, JOSEPH A 7 HANOVER SQUARE NEW YORK, NY 100042616 <input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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:** Karen L. Olvany **KAREN L. OLVANY** 7/6/06 (212)598-7499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**ATTACHMENT**  
**20050042**  
**Division of Corporations**

**2006 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.**

This information cannot be changed on the report.	
Document Number	850843
Business Entity Name	FAMILY SERVICE LIFE INSURANCE COMPANY
Original File Date	10/28/1981

FEI Number 74-1319784

Principal Address 350 N ST PAUL STREET  
DALLAS, TX 75201 US

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

Registered Agent CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Officer/Director Name And Address**

DPCE  
ARMAND M DEPALO  
7 HANOVER SQUARE  
NEW YORK, NY 100042616

EPCI  
THOMAS G SORELL  
7 HANOVER SQUARE  
NEW YORK, NY 100042616

DVR  
JEREMY STARR  
7 HANOVER SQUARE  
NEW YORK, NY 100042616

D  
DENNIS J MANNING  
7 HANOVER SQUARE  
NEW YORK, NY 100042616

# ATTACHMENT

DSVS  
JOSEPH A CARUSO  
7 HANOVER SQUARE  
NEW YORK, NY 100042616

20050042  
#850843

**After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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ATTACHMENT



20050042  
#850843

July 5, 2006

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

RE: 2005 Annual Report – Family Service Life Insurance Company – NAIC #74004

To Whom It May Concern:

Enclosed, please find the completed 2005 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, 2006. As a result of the second post card with notification of intends 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) 919-3320.



Savita Hiralal  
Sr. Statutory Accountant