2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 10, 2007 8:00 am Secretary of State **DOCUMENT #850843** 09-10-2007 90001 045 ***558.75 FAMILY SERVICE LIFE INSURANCE COMPANY Principal Place of Business Mailing Address QUIV" 7 HANOVER SQUARE 350 N ST PAUL STREET DALLAS, TX 75201 US H 17 J NEW YORK, NY 10004 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08282007 Cha-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 74-1319784 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition DPCE TITLE TITLE ☐ Change Delete DEPALO, ARMAND M NAME NAME STREET ADDRESS STREET ADDRESS 7 HANOVER SQUARE NEW YORK, NY 100042616 CITY-ST-ZIP CITY-ST-7IP **EPCI** ☐ Change ☐ Addition TITLE ☐ Delete TITLE SORELL, THOMAS G NAME NAME STREET ADDRESS STREET ADDRESS 7 HANOVER SQUARE CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 100042616 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME FLANNIGAN, JOHN H NAME STREET ADDRESS STREET ADDRESS 7 HANOVER SQ CITY-ST-ZIP NEW YORK, NY 10004 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MANNING, DENNIS J NAME NAME STREET ADDRESS **7 HANOVER SQUARE** STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 100042616 CITY-ST-ZIP Director, Executive UPa Corpuste Change ☐ Addition TITLE ☐ Delete TITLE CARUSO, JOSEPH A NAME NAME STREET ADDRESS 7 HANOVER SQUARE STREET ADDRESS NEW YORK, NY 100042616 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 logal 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 emp ered

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JOSEPH A. CARUSTO

FILED

Daytime Phone