


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90195 036 ***158.75

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**

DO NOT WRITE IN THIS SPACE

60034039



04092008 No Chg-P CR2E034 (11/05)

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**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

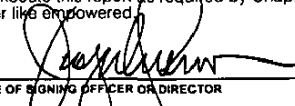
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE DEPALO, ARMAND M 7 HANOVER SQUARE NEW YORK, NY 100042616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPCI SORELL, THOMAS G 7 HANOVER SQUARE NEW YORK, NY 100042616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNIGAN, JOHN H 7 HANOVER SQ NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK, NY 100042616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP CARUSO, JOSEPH A 7 HANOVER SQUARE NEW YORK, NY 100042616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joseph A. Caruso  4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #