

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850843

FILED
Apr 23, 2009
Secretary of State

Entity Name: FAMILY SERVICE LIFE INSURANCE COMPANY

Current Principal Place of Business:

350 N ST PAUL STREET
DALLAS, TX 75201 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 74-1319784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE () Delete
Name: DEPALO, ARMAND M
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

Title: EPCI () Delete
Name: SORELL, THOMAS G
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

Title: D () Delete
Name: FLANNIGAN, JOHN H
Address: 7 HANOVER SQ
City-St-Zip: NEW YORK, NY 10004

Title: D () Delete
Name: MANNING, DENNIS J
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

Title: DEVP () Delete
Name: CARUSO, JOSEPH A
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SNYDER, BARBARA L
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. CARUSO

DEVP

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date