

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850843

FILED  
Mar 19, 2010  
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  
Name: SNYDER, BARBARA L  
Address: 7 HANOVER SQUARE  
City-St-Zip: NEW YORK, NY 100042616

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

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

Title: D  
Name: BROATCH, ROBERT E  
Address: 7 HANOVER SQUARE  
City-St-Zip: NEW YORK, NY 100042616

Title: DSVP  
Name: CARUSO, JOSEPH A  
Address: 7 HANOVER SQUARE  
City-St-Zip: NEW YORK, NY 100042616

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH A CARUSO

D

03/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date