FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850843** **(4)**

1. Corporation Name:

FAMILY SERVICE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
P O BOX 219018 DALLAS TX 75221	P O BOX 219018 DALLAS TX 75221

3. Date Incorporated or Qualified: **10/28/1981**
3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, Type or Print Name of Officer or Director Authorized to Sign) (NOTE: Registered Agent signature required when making change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCARA, CYNTHIA A.		1.2 NAME		
STREET ADDRESS	12051 DE OR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, C. B., JR.		2.2 NAME		
STREET ADDRESS	9301 MOSS TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, ROSEMARY J.		3.2 NAME		
STREET ADDRESS	4111 PECAN ORCHARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PARKER TX		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHISON, LARRY M.		4.2 NAME		
STREET ADDRESS	C/O 2909 N. BUCKNER BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STOCK, SAM E.		5.2 NAME		
STREET ADDRESS	C/O 2909 N. BUCKNER BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		5.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, GARY L.		6.2 NAME		
STREET ADDRESS	2105 VRANDEIS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	RICHARDSON TX		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Sam E. Stock 1-31-96 (214) 328-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #