

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850843

**Entity Name:** FAMILY SERVICE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

350 N ST PAUL STREET  
DALLAS, TX 75201

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC5788556742**

**Current Mailing Address:**

7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H-23F  
NEW YORK, NY 10004 US

**FEI Number: 74-1319784**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title PCEO  
Name SLIPOWITZ, MICHAEL  
Address 7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10004

Title VPT  
Name SKINNER, WALTER R  
Address 7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10004

Title EVPGCACS  
Name RICH, TRACY L  
Address 7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10004

Title SVPCS  
Name DIMANNI, MARGHERITA L  
Address 7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10004

*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: MARGHERITA L. DIMANNI**

**SENIOR VICE PRESIDENT 01/15/2015  
AND CORPORATE  
SECRETARY**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date