

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850843

Entity Name: FAMILY SERVICE LIFE INSURANCE COMPANY

Current Principal Place of Business:

211 EAST 7TH STREET
SUITE 620
AUSTIN, TX 78701

FILED
Jan 21, 2016
Secretary of State
CC8690525172

Current Mailing Address:

7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H23F
NEW YORK, NY 10004 US

FEI Number: 74-1319784

Certificate of Status Desired: Yes

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	Title	VPT
Name	SLIPOWITZ, MICHAEL	Name	SKINNER, WALTER R
Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10004	City-State-Zip:	NEW YORK NY 10004
Title	CFO	Title	CS
Name	PADAVANO, ALPHONSUS L	Name	CROSSWELL, SONYA L
Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H23F	Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H23F
City-State-Zip:	NEW YORK NY 10004	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: SONYA L. CROSSWELL

CS

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date