

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850843 (4)
 1. Corporation Name
FAMILY SERVICE LIFE INSURANCE COMPANY



Principal Place of Business P O BOX 219018 DALLAS TX 75221	Mailing Address P O BOX 219018 DALLAS TX 75221-9018
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1981	3a. Date of Last Report 02/13/1996
21 3700 S. Stonebridge Dr. Suite, Apt. #, etc.	26 P. O. Box 8070 Suite, Apt. #, etc.			4. FEI Number 74-1319784	Applied For Not Applicable
22 City & State McKinney, TX	27 City & State McKinney, TX			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 75070 Country USA	28 Zip 75070 Country USA			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 75070 USA				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
B1	Name				
B2	Street Address (P.O. Box Number is Not Acceptable)				
B3					
B4	City				B5 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARA, CYNTHIA A.		1.2 NAME	Charles Britton Hudson	
STREET ADDRESS	12051 DE OR		1.3 STREET ADDRESS	1612 Cliffview Dr.	
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST-ZIP	Plano, TX 75093	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, C. B., JR.		2.2 NAME	Mark S. McAndrew	
STREET ADDRESS	9301 MOSS TRAIL		2.3 STREET ADDRESS	5901 N Country Club	
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP	Edmond, OK	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, GARY L.		6.2 NAME		
STREET ADDRESS	2105 VRANDEIS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SICHARDSON TX		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *[Signature]* 4/29/97 072-560-3214

CR2E034 (9/96)