

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

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 850843 (4)**

1. Corporation Name  
**FAMILY SERVICE LIFE INSURANCE COMPANY**



|  |   |
|--|---|
| Principal Place of Business<br><b>3700 S STONEBRIDGE DR<br/>                 MCKINNEY TX 75070<br/>                 US</b> | Mailing Address<br><b>P O BOX 8070<br/>                 MCKINNEY TX 75070<br/>                 US</b> |
|--|---|

DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |                                    |   |
|--|--|---|--|---|------------------------------------|---|
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country |  | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | <b>3. Date Incorporated or Qualified</b><br>10/28/1981                      | <b>4. FEI Number</b><br>74-1319784 | Applied For<br><input type="checkbox"/> Not Applicable  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                     |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>    |  | <b>\$8.75 Additional Fee Required</b><br><b>\$5.00 May Be Added to Fees</b> |                                    | <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |  |  |   |    |             |  |
|---|--|--|--|---|----|-------------|--|
| <b>9. Name and Address of Current Registered Agent</b><br>FLORIDA INSURANCE COMMISSIONER<br>STATE CAPITOL BLDG.<br>TALLAHASSEE FL 32301 |  |  |  | <b>10. Name and Address of New Registered Agent</b>   |    |             |  |
|   |  |  |  | 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DP HUDSON, CHARLES BRITTO <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1612 CLEFFVIEW DR   | 1.2 NAME  |   |
| STREET ADDRESS             | PLANO TX  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D MCANDREW, MARK S <input type="checkbox"/> DELETE        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 5901 N COUNTRY CLUB                                       | 2.2 NAME  |   |
| STREET ADDRESS             | EDMOND OK   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D MONTGOMERY, ROSEMARY J. <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 4111 PECAN ORCHARD  | 3.2 NAME  |   |
| STREET ADDRESS             | PARKER TX   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S HUTCHISON, LARRY M. <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | C/O 2909 N. BUCKNER BLVD                                  | 4.2 NAME  |   |
| STREET ADDRESS             | DALLAS TX   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | C STOCK, SAM E. <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | C/O 2909 N. BUCKNER BLVD                                  | 5.2 NAME  |   |
| STREET ADDRESS             | DALLAS TX   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VT COLEMAN, GARY L. <input type="checkbox"/> DELETE       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2105 VRANDEIS DRIVE                                       | 6.2 NAME  |   |
| STREET ADDRESS             | RICHARDSON TX   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)