

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90005 010 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850843

1. Corporation Name
FAMILY SERVICE LIFE INSURANCE COMPANY



Principal Place of Business 3700 S STONEBRIDGE DR MCKINNEY TX 75070 US	Mailing Address P O BOX 8070 MCKINNEY TX 75070 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1981	
4. FEI Number 74-1319784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 3900 BURGESS PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BETHLEHEM, PA
Zip 24	Country 30 USA

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	85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, CHARLES BRITTO	
STREET ADDRESS	1612 CLEFFVIEW DR	
CITY-ST-ZIP	PLANO TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCANDREW, MARK S	
STREET ADDRESS	5901 N COUNTRY CLUB	
CITY-ST-ZIP	EDMOND OK	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, ROSEMARY J.	
STREET ADDRESS	4111 PECAN ORCHARD	
CITY-ST-ZIP	PARKER TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHISON, LARRY M.	
STREET ADDRESS	C/O 2909 N. BUCKNER BLVD	
CITY-ST-ZIP	DALLAS TX	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	STOCK, SAM E.	
STREET ADDRESS	C/O 2909 N. BUCKNER BLVD	
CITY-ST-ZIP	DALLAS TX	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, GARY L.	
STREET ADDRESS	2105 VRANDEIS DRIVE	
CITY-ST-ZIP	SICHARDSON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUTCHINGS, PETER	
1.3 STREET ADDRESS	7 HANOVER SQUARE	
1.4 CITY-ST-ZIP	NY, NY 10004-2616	
2.1 TITLE	EVCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONES, FRANK	
2.3 STREET ADDRESS	7 HANOVER SQUARE	
2.4 CITY-ST-ZIP	NY, NY 10004-2616	
3.1 TITLE	VPR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STARR, JEREMY	
3.3 STREET ADDRESS	7 HANOVER SQUARE	
3.4 CITY-ST-ZIP	NY, NY 10004-2616	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DEPALO, ARMAND	
4.3 STREET ADDRESS	7 HANOVER SQUARE	
4.4 CITY-ST-ZIP	NY, NY 10004-2616	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KANE, EDWARD	
5.3 STREET ADDRESS	7 HANOVER SQUARE	
5.4 CITY-ST-ZIP	NY, NY 10004-2616	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SARGENT, JOSEPH	
6.3 STREET ADDRESS	7 HANOVER SQUARE	
6.4 CITY-ST-ZIP	NY, NY 10004-2616	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(3)(f), 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]* **SIGNATURE REQUIRED** Padavano 8/9/99 212-598-8924

CR2E034 (5/99)

FAMILY SERVICE LIFE INSURANCE COMPANY

TIN # 74-1319784

LIST OF OFFICERS & DIRECTORS

1999

FIRST	MIDDLE	LAST	OFFICER	DIRECTOR	TITLE	MAILING ADDRESS
Joseph	Anthony	Caruso	X		VICE PRESIDENT & CORPORATE SECRETARY	7 Hanover Square New York, NY 10004-2616
John	Patrick	Cifu	X		VICE PRESIDENT & CONTROLLER	7 Hanover Square New York, NY 10004-2616
Rodolfo	Esteban	Fidelino	X		VICE PRESIDENT & CHIEF MEDICAL OFFICER	7 Hanover Square New York, NY 10004-2616
Alexander	McDonald	Grant, Jr.	X		SECURITIES	7 Hanover Square New York, NY 10004-2616
Earl	Carlton	Harry	X		TREASURER	7 Hanover Square New York, NY 10004-2616
Raymond	Joseph	Henry	X		SECURITIES	7 Hanover Square New York, NY 10004-2616
John	Robert	Hurley	X		VICE PRESIDENT, GOVERNMENT RELATIONS	7 Hanover Square New York, NY 10004-2616
Peter	Joseph	Manzo	X		ASSISTANT VICE PRESIDENT, ASSISTANT CORPORATE SECRETARY & LIFE UNDERWRITER	7 Hanover Square New York, NY 10004-2616
Benjamin	Hood	Mitchell	X		ACTUARY	7 Hanover Square New York, NY 10004-2616
John	Bernard	Murphy	X		VICE PRESIDENT, EQUITY SECURITIES	7 Hanover Square New York, NY 10004-2616
Karen	Louise	Olvany	X		ASSISTANT CORPORATE SECRETARY	7 Hanover Square New York, NY 10004-2616
Alphonsus	Lawrence	Padavano	X		ASSISTANT CONTROLLER	7 Hanover Square New York, NY 10004-2616
Stuart	John	Shaw	X		ASSISTANT VICE PRESIDENT	7 Hanover Square New York, NY 10004-2616
Debra	Ruth	Smith	X		VICE PRESIDENT & COUNSEL	7 Hanover Square New York, NY 10004-2616
Thomas	George	Sorell	X		VICE PRESIDENT, FIXED INCOME SECURITIES	7 Hanover Square New York, NY 10004-2616

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