2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # 850843 1. Entity Name 05-24-2002 91271 028 ***150.00 FAMILY SERVICE LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 350 N ST PAUL STREET 7 HANOVER SQUARE DALLAS TX 75201 H 17 J US . NEW YORK NY 10004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-1319784 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) STATE CAPITOL BLDG. TALLAHASSEE FL 32301 City Zip Code FL 8. 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. LATER RESERVED PRESERVED (A) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE **PCEO** Delete TITLE 📑 Change **X** Addition **PCEO** NAME **HUTCHINS, PETER** NAME DEPALO, ARMAND M STREET ADDRESS STREET ADDRESS 7 HANOVER SQUARE 7 HANOVER SQUARE CITY-ST-ZIP NEW YORK NY 10004-2616 CITY-ST-ZIP NEW_YORK_NY_10004-2616 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME JONES, FRANK NAME STREET ADDRESS 7 HANOVER SQUARE STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10004-2616 CITY-ST-ZIP ☐ Addition Delete TITLE NAME STARR, JEREMY NAME STREET ADDRESS 7 HANOVER SQUARE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10004-2616** CITY-ST-ZIP X Delete TITLE ☐ Change **X** Addition TITLE NAME DEPALO, ARMAND NAME MANNING, DENNIS J STREET ADDRESS 7 HANOVER SQUARE STREET ADDRESS 7 HANOVER SQUARE CITY-ST-ZIP **NEW YORK NY 10004-2616** CITY-ST-ZIP NEW YORK NY 10004-2616-TITLE D. ☐ Delete TITLE ☐ Change ☐ Addition NAME KANE, EDWARD NAME CHIN, HOWARD W STREET ADDRESS 7 HANOVER SQUARE STREET ADDRESS 7 HANOVER SQUARE CITY-ST-ZIP NEW YORK NY 10004-2616 CITY-ST-ZIP NEW YORK, NY 1004-2616 🗷 Delete Change TITLE TITLE X Addition SARGENT, JOSEPH NAME NAME CCARUSO, JOSEPH A **7 HANOVER SQUARE** STREET ADDRESS STREET ADDRESS 7 HANOVER SQUARE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004-2616 NEW YORK NY 10004-2616

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED