

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:32

DOCUMENT # **847378 (7)**

1. Corporation Name

THE HARVEST LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

2550 CORPORATE EXCHANGE DR.
STE 108
COLUMBUS OH 43229
US

ATTN: CORP. TAX DEPT.
PO-BOX 6277 Sea Harbor Drive
ORLANDO FL 3229 32887
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1980

3a. Date of Last Report

03/11/1994

4. FEI Number

34-1099737

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

29 32887

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
DEPARTMENT OF INSURANCE
200 E GAINES ST LARGO BUILDING
TALLAHASSEE FL 32399

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 of applicant.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	DAWSON, FREDERICK M.
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	MILLER, CHARLES E. J
STREET ADDRESS	6277 SEA HARVOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VP
NAME	DOTY, TERRY L
STREET ADDRESS	6277 SEA HARBOAR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VS
NAME	WOTHMAN, BETH
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VT
NAME	HUGUNIN, JEFFREY I.
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	LARSON, RICHARD K.
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL

11 TITLE	Chairman & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Patrick E. Welch	
13 STREET ADDRESS	601 Union Street	
14 CITY - ST - ZIP	Seattle WA 98101-2336	
21 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Allan C. German	
23 STREET ADDRESS	6277 Sea Harbor Drive	
24 CITY - ST - ZIP	Orlando FL 32887	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

Terry L. Doty
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Terry L. Doty

03/30/95

(407) 345-2368

Date

Telephone Number