

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 847378

1. Corporation Name

The Harvest Life Insurance Company

Principal Place of Business

Mailing Address

6277 Sea Harbor Drive, 5th Floor
Orlando FL 32887

3. Date Incorporated or Qualified 11/03/80
3a. Date of Last Report 03/30/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	34-1099737	Not Applicable
Suite, Apt # etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

Insurance Commissioner
Department of Insurance
200 E. Gaines St., Largo Building
Tallahassee FL 32399

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman/CEO <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick E. Welch	1 2 NAME	
STREET ADDRESS	601 Union Street	1 3 STREET ADDRESS	
CITY, ST, ZIP	Seattle WA 98101	1 4 CITY - ST - ZIP	
TITLE	SR Vice President <input type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan C. Germain	2 2 NAME	Director
STREET ADDRESS	6277 Sea Harbor Drive	2 3 STREET ADDRESS	Thomas W. Keen
CITY, ST, ZIP	Orlando FL 32887	2 4 CITY - ST - ZIP	6277 Sea Harbor Drive
TITLE	Vice President <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry L. Doty	3 2 NAME	
STREET ADDRESS	6277 Sea Harbor Drive	3 3 STREET ADDRESS	
CITY, ST, ZIP	Orlando FL 32887	3 4 CITY - ST - ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Wortman	4 2 NAME	
STREET ADDRESS	6277 Sea Harbor Drive	4 3 STREET ADDRESS	
CITY, ST, ZIP	Orlando FL 32887	4 4 CITY - ST - ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey I. Hugunin	5 2 NAME	
STREET ADDRESS	6277 Sea Harbor Drive	5 3 STREET ADDRESS	601 Union Street
CITY, ST, ZIP	Orlando FL 32887	5 4 CITY - ST - ZIP	Seattle WA 98101
TITLE	President <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard K. Larson	6 2 NAME	
STREET ADDRESS	6277 Sea Harbor Drive	6 3 STREET ADDRESS	
CITY, ST, ZIP	Orlando FL 32887	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Terry L. Doty 3-5-96 (407) 345-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3-12-96 Daytime Phone #

CR2E034 (12/95)