

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **847378** (7)

1. Corporation Name
THE HARVEST LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
**6277 SEA HARBOR DR
5TH FLOOR
ORLANDO FL 32887**

3. Date Incorporated or Qualified **11/03/1980** 3a. Date of Last Report **03/12/1996**
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**
6. 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 Country 28 Zip Country
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CCEO <input type="checkbox"/> DELETE
NAME	PATRICK E. WELCH
STREET ADDRESS	601 UNION STREET
CITY- ST- ZIP	SEATTLE WA
TITLE	D <input type="checkbox"/> DELETE
NAME	KEN, THOMAS W
STREET ADDRESS	6277 SEA HARBOR DR
CITY- ST- ZIP	ORLANDO FL 32887
TITLE	VP <input type="checkbox"/> DELETE
NAME	DOTY, TERRY L
STREET ADDRESS	6277 SEA HARBOAR DR.
CITY- ST- ZIP	ORLANDO FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	WOTHMAN, BETH
STREET ADDRESS	6277 SEA HARBOR DR.
CITY- ST- ZIP	ORLANDO FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	HUGUNIN, JEFFREY I.
STREET ADDRESS	601 UNION ST
CITY- ST- ZIP	SEATTLE WA 98101
TITLE	P <input type="checkbox"/> DELETE
NAME	LARSON, RICHARD K.
STREET ADDRESS	6277 SEA HARBOR DR.
CITY- ST- ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joyce, Stephen P
1.3 STREET ADDRESS	601 Union Street
1.4 CITY- ST- ZIP	Seattle WA 98101
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Keen, Thomas W
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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: *Terry L Doty* **TERRY L DOTY** 04/04/97 (407) 345-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)