

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 847378 (7)**  
 1. Corporation Name  
**The Harvest Life Insurance Company**

Principal Place of Business <b>610 Crescent Executive Ct.                  Suite 400                  Lake Mary, FL 32746</b>	Mailing Address <b>PO Box 956004                  Lake Mary, FL 32795-6004</b>
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DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**11/03/80**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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4. FEI Number <b>34-1099737</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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, Sect on 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>President</b>	<input type="checkbox"/> DELETE
NAME <b>Pam S. Schutz</b>	
STREET ADDRESS <b>610 Crescent Executive Ct., Ste. 400</b>	
CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	
TITLE <b>CCEO</b>	<input type="checkbox"/> DELETE
NAME <b>Stephen P. Joyce</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>Sr Vice Pres. &amp; Secretary</b>	<input type="checkbox"/> DELETE
NAME <b>Beth Wortman</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>Vice Pres. &amp; Treasurer</b>	<input type="checkbox"/> DELETE
NAME <b>Jeffrey I. Hugunin</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Pam S. Schutz</b>	
1.3 STREET ADDRESS <b>610 Crescent Executive Ct., Ste. 400</b>	
1.4 CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>777 Long Ridge Rd. Bldg B</b>	
2.3 STREET ADDRESS <b>Stamford, CT 06927</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS <b>610 Crescent Executive Ct., Ste. 400</b>	
3.4 CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS <b>6604 W. Broad Street</b>	
4.4 CITY-ST-ZIP <b>Richmond, VA 23230</b>	
5.1 TITLE <b>Vice President &amp; Asst. Comptroller</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Patrick L. Edmonds</b>	
5.3 STREET ADDRESS <b>610 Crescent Executive Ct., Ste. 400</b>	
5.4 CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	
6.1 TITLE <b>400002489000</b>	<input type="checkbox"/> Addition
6.2 NAME <b>-04/15/98--01021--035</b>	
6.3 STREET ADDRESS <b>***150.00</b>	
6.4 CITY-ST-ZIP	

14. 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 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:**  **Beth Wortman** 4/10/98 (407) 804-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

*Handwritten initials/signature*