

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 856557

1. Corporation Name

The Harvest Life Insurance Agency, Inc

Principal Place of Business

Mailing Address

6277 Sea Harbor Drive, 5th Floor
Orlando FL 32887

3. Date Incorporated or Qualified

05/27/83

3a. Date of Last Report

03/28/95

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

29 Zip

30 Country

4. FEI Number

34-1331892

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324

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 if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE: Chairman & CEO
NAME: Patrick E. Welch
STREET ADDRESS: 601 Union Street
CITY-ST-ZIP: Seattle WA 98101

TITLE: Vice President
NAME: Alan G. Birsch
STREET ADDRESS: 6277 Sea Harbor Drive
CITY-ST-ZIP: Orlando FL 32887

TITLE: SRVP/Secy
NAME: Beth Wortman
STREET ADDRESS: 6277 Sea Harbor Drive
CITY-ST-ZIP: Orlando FL 32887

TITLE: President
NAME: Richard K. Larson
STREET ADDRESS: 6277 Sea Harbor Drive
CITY-ST-ZIP: Orlando FL 32887

TITLE: Treasurer
NAME: Jeffrey I. Hugunin
STREET ADDRESS: 6277 Sea Harbor Drive
CITY-ST-ZIP: Orlando FL 32887

TITLE: Vice President
NAME: Patrick L. Edmonds
STREET ADDRESS: 6277 Sea Harbor Drive
CITY-ST-ZIP: Orlando FL 32887

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE: SRVP/CFO
2.2 NAME: Geoffrey S. Stiff
2.3 STREET ADDRESS: 601 Union Street
2.4 CITY-ST-ZIP: Seattle WA 98101

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS: 601 Union Street
5.4 CITY-ST-ZIP: Seattle WA 98101

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Patrick L. Edmonds*

Patrick L. Edmonds

(407) 345-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5 3-12-96

CR2E034 (12/95)