# 

Audress	
City/State/Zip Phone #	50003378616 -08/31/0001019015 *****78.75 ******78.7
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	MBER(S), (if known):
1. Farmers New Le (Corporation Name)	Dock dife
2. (Corporation Name)	(Document#)
3(Corporation Name)	(Document #)
4. 2-50 A VUL	146590 PR 57 OCCUMENT#) 52
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait Photo	Occopy Certificate of Sectus
NEW FILINGS AMEN	DMENTS ω Ω
Not for Profit Limited Liability Domestication  Res Cha	nendment signation of R.A., Officer/Director ange of Registered Agent solution/Withdrawal
OTHER FILINGS REGIS	TRATION/QUALIFICATION
Fictitious Name Lin	reign nited Partnership instatement

Other

CR2E031(7/97)

) NEX 31

**Examiner's Initials** 

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	IEW WORLD LIFE INSURANCE C	OMPANY	
(Name of corp	oration: must include the word "INCO	RPORATED", "COMPANY", "CORPORATION" or will clearly indicate that it is a corporation instead of a e name at present.)	COFFIGE COMPANIO. 52
2. WASHINGT	ON	3 91-000/00	<u>.</u>
(State or count	ry under the law of which it is incorpor	ated) (FEI number, if applicable)	
4. 02/24/1910	:	5. PERPETUAL	<b></b>
	ate of incorporation)	(Duration: Year corp. will cease to existor "perpetual")	
6. UPON FILIN	G		<del>-</del>
(Date fir	st transacted business in Florida.) (SEF	E SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. <u>3003 77TH</u>	AVENUE SOUTHEAST		
MERCER IS	LAND, WA 98040-2890		<del>-</del> .
		iling address)	, , ,
8. SEE ATTAC	HED EXHIBIT A	the acceptant to be covered out in state of Florida)	<del>-</del>
		state or country to be carried out in state of Florida)	
9. Name and s	treet address of Florida registere	d agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	NRAI Services, Inc.		
Name:			: . <del>"</del>
Name:			
	526 East Park Avenue	<del> </del>	
	526 East Park Avenue Tallahassee	, Florida, <u>32301</u>	
		, Florida, <u>32301</u> (Zip code)	 
Office Address			  -

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

the obligations of my position as registered agent.
NRAKServices, Inc.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: CONSTANTINE PAUL PATSIS
Address: 3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040-2890
Vice Chairman: KATHRYN MARIE CALLAHAN
Address: 3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040-2890
Director: JAMES INNES RANDOLPH
Address: 3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040-2890
Director: DAVID ALLEN DEMMON
Address: 3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040-2890 (SEE ATTACHED EXHIBIT B)
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: CONSTANTINE PAUL PATSIS
Address: 3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040-2890
Vice President: KATHRYN MARIE CALLAHAN
Address: 3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040-2890
Secretary: JOHN RAY PATTON
2002 ZZTU AVENIJE SOLITHEAST
Address: MERCER ISLAND, WA 98040-2890
Treasurer: DAVID ALAN DEMMON
Address: 3003 77TH AVENUE SOUTHEAST
Address: 3003 77TH AVENUE GOOTHEAST  MERCER ISLAND, WA 98040-2890 (PLEASE SEE ATTACHED EXHIBIT B)
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
John R. Patton Corporate Secretary
(Typed or printed name and capacity of person signing application)

#### EXHIBIT A

To do a general life insurance business including the issuing of policies entitled to participate from time to time in the earning of the corporation through dividends and including endowments and annuities and to do a general accident insurance and sickness or health insurance business, including insurance against injury, disablement and resulting from sickness and every insurance pertaining thereto, and issue participating life insurance policies, and to have, engage and exercise each and all of the powers which are conferred upon corporations engaged in insurance business of the classes hereinabove specified.

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#### EXHIBIT B

Directors or Trustees (cont'd.)

Michael Walter Keller

Officers (cont'd.)

Actuary - Kathryn Marie Callahan

Vice-Presidents-

Malcolm Douglas Close

Sharon Dinneen Courlas

Laszlo George Heredy

Gerald Edward Faulwell

James Innes Randolph

Michael Walter Keller

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## STATE of WASHINGTON



## SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seathereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

#### FARMERS NEW WORLD LIFE INSURANCE COMPANY

I FURTHER CERTIFY that the records on file in this office show that the above named nonprofit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on February 24, 1910.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to conduct affairs in the corporate form in the State of Washington.



Date: August 30, 2000

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



Ralph Munro, Secretary of State

200-002

#### STATE OF WASHINGTON



## OFFICE OF INSURANCE COMMISSIONER

No. 468



I, DEBORAH SENN, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business (except State Workers' Compensation) transacted in the State of Washington and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.

I FURTHER CERTIFY That **FARMERS NEW WORLD LIFE INSURANCE COMPANY**, Mercer Island, Washington, was duly organized and incorporated under the laws of the State of Washington, and, having complied with the requirements of said laws, has been authorized since May 23, 1911, to issue policies and transact the business of Life and Disability Insurance, including variable authority, as defined in RCW 48.11.020 and 48.11.030 of the Insurance Code of the State of Washington.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Insurance Commissioner of the State of Washington, this 14th day of August, 2000.

DEBORAH SENN
Insurance Commissioner

insurance commissions

Deputy Commissioner