

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004914

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** FARMERS NEW WORLD LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

3003 77TH AVENUE SOUTHEAST  
MERCER ISLAND, WA 98040

**New Principal Place of Business:**

**Current Mailing Address:**

3003 77TH AVENUE SOUTHEAST  
MERCER ISLAND, WA 98040

**New Mailing Address:**

FEI Number: 91-0335750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARNAHAN, JERRY J  
Address: 3003 77TH AVENUE SOUTHEAST  
City-St-Zip: MERCER ISLAND, WA 98040

Title: SVP  
Name: RANDOLPH, JAMES I  
Address: 3003 77TH AVENUE SOUTHEAST  
City-St-Zip: MERCER ISLAND, WA 98040

Title: SVP  
Name: CODY, KATHERINE P  
Address: 3003 77TH AVENUE SOUTHEAST  
City-St-Zip: MERCER ISLAND, WA 98040

Title: VPS  
Name: CARTY, PATRICK J  
Address: 3003 77TH AVENUE SOUTHEAST  
City-St-Zip: MERCER ISLAND, WA 98040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE P. CODY

SVP

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date