


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90048 028 \*\*\*150.00

<b>DOCUMENT # F0000004914</b> 1. Entity Name <b>FARMERS NEW WORLD LIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 98040-2837</b>	Mailing Address <b>3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 98040-2837</b>
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04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>91-0335750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATSI, CONSTANTINE P 3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 980402837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD3 LARSON, RYAN RAY 3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 980402837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTON, JOHN R 3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 980402837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TENGIO, OSCAR C 3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 980402837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RANDOLPH, JAMES I 3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 980402890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLOSE, M. DOUGLAS 4680 WILSHIRE BLVD LOS ANGELES, CA 900103807

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/20/04** (206) 236-7828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #