## F00000004914

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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G. Coullette DEC 1 5 2004



ACCOUNT NO. : 072100000032

REFERENCE : 080030 7100037

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 13, 2004

ORDER TIME : 10:40 AM

ORDER NO. : 080030-305

CUSTOMER NO: 7100037

CUSTOMER: Mr. Adam G. Morris

Farmers Insurance Group 4680 Wilshire Boulevard

Los Angeles, CA 90010

CHANGE OF AGENT

NAME:

FARMERS NEW WORLD LIFE

INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_\_\_\_

CONTACT PERSON: Susie Knight

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 607 statement of change is submitted for a corporation organized u in order to change its registered office or registered a	under the laws of the State of Washington	
1. The name of the corporation: FARMERS NEW WORLD LIFE INSURANCE COMPANY		
2. The principal office address: 3003 77th Avenue Southeast		
Mercer Island, WA 98040-2837		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/31/2000	Document number: F00000004914	
5. The name and street address of the current registered agent a Florida Department of State:		
NRAI Services, Inc.		
526 East Park Avenue		
Tallahassee, FL 32301	ARIO SSE	
6. The name and street address of the new registered agent (if c (if changed):  Corporation Service Company	changed) and /or registered office	
1201 Hays Street		
(P.O. Box NOT acceptable)		
Tallahassee, FL 32301		
The street address of its registered office and the street address changed will be identical.	ess of the business office of its registered agent,	
Such change was authorized by resolution duly adopted by is authorized by the board, or the corporation has been notified	ts board of directors or by an officer so in writing of the change.	
Maura Cub Ma	ureen Cullen, Attorney in Fact	
(Signature of an officer or director)	(Printed or typed name and title)	
I hereby accept the appointment as registered agent and agr I further agree to comply with the provisions of all statutes of of my duties, and I am familiar with and accept the obligation document is being filed merely to reflect a change in the reg corporation has been notified in writing of this change.	ree to act in this capacity, relative to the proper and complete performance on of my position as registered agent. Or, if this istered office address, I hereby confirm that the	
By Monovague State	cember 9, 2004	
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)	
Jennifer A. Geldof, Asst. VP (Typed or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*