


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 15 AM 8:30

DOCUMENT # F00000004914 1. Entity Name FARMERS NEW WORLD LIFE INSURANCE COMPANY	
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 98040-2837	Mailing Address 3003 77TH AVENUE SOUTHEAST MERCER ISLAND, WA 98040-2837
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------



2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country	4. FEI Number 91-0335750	Applied For <input type="checkbox"/> Not Applicable
-----	---------	-----	---------	------------------------------------	--------------------------------------------------------

11072005 REIN-P CR2E098 (6/04)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
-----------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD PATSI, CONSTANTINE P <input type="checkbox"/> Delete	TITLE	000061443230 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/15/05--01060--010 **150.00		
NAME	3003 77TH AVENUE SOUTHEAST	NAME			
STREET ADDRESS	MERCER ISLAND, WA 980402837	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VD3 LARSON, RYAN RAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3003 77TH AVENUE SOUTHEAST	NAME			
STREET ADDRESS	MERCER ISLAND, WA 980402837	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	S PATTON, JOHN R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3003 77TH AVENUE SOUTHEAST	NAME			
STREET ADDRESS	MERCER ISLAND, WA 980402837	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	TD TENGIO, OSCAR C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	3003 77TH AVENUE SOUTHEAST	NAME	V Hott, Paul		
STREET ADDRESS	MERCER ISLAND, WA 980402837	STREET ADDRESS	3003 77th Ave SE		
CITY-ST-ZIP		CITY-ST-ZIP	Mercer Island, WA 98040		
TITLE	DV RANDOLPH, JAMES I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3003 77TH AVENUE SOUTHEAST	NAME			
STREET ADDRESS	MERCER ISLAND, WA 980402890	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	V CLOSE, M. DOUGLAS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	4680 WILSHIRE BLVD	NAME	V Kreger, Brian		
STREET ADDRESS	LOS ANGELES, CA 900103807	STREET ADDRESS	3003 77th Ave SE		
CITY-ST-ZIP		CITY-ST-ZIP	Mercer Island, WA 98040		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James I. Randolph _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten initials