


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90027 020 \*\*\*150.00

**DOCUMENT # F00000004914**

1. Entity Name  
**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



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

**60021857**



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

02162006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**91-0335750**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATSIS, CONSTANTINE P			NAME			
STREET ADDRESS	3003 77TH AVENUE SOUTHEAST			STREET ADDRESS			
CITY-ST-ZIP	MERCER ISLAND, WA 980402837			CITY-ST-ZIP			
TITLE	VD3	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSON, RYAN RAY			NAME			
STREET ADDRESS	3003 77TH AVENUE SOUTHEAST			STREET ADDRESS			
CITY-ST-ZIP	MERCER ISLAND, WA 980402837			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTON, JOHN R			NAME			
STREET ADDRESS	3003 77TH AVENUE SOUTHEAST			STREET ADDRESS			
CITY-ST-ZIP	MERCER ISLAND, WA 980402837			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOTT, PAUL			NAME			
STREET ADDRESS	3003 77TH AVENUE SOUTHEAST			STREET ADDRESS			
CITY-ST-ZIP	MERCER ISLAND, WA 980402837			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANDOLPH, JAMES I			NAME			
STREET ADDRESS	3003 77TH AVENUE SOUTHEAST			STREET ADDRESS			
CITY-ST-ZIP	MERCER ISLAND, WA 980402890			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	SV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KREGER, BRIAN			NAME			
STREET ADDRESS	3003 77TH AVE SE			STREET ADDRESS			
CITY-ST-ZIP	MERCER ISLAND, WA 98040			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **2-21-06** **206-232-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

# ATTACHMENT

60021857



**FARMERS**  
LIFE INSURANCE

3003 77<sup>th</sup> Ave SE  
Mercer Island, WA 98040  
Phone: (206) 275-8128  
Fax: (206) 275-8038

[www.farmersinsurance.com](http://www.farmersinsurance.com)

February 21, 2006

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: 2006 For Profit Corporations Annual Report

Enclosed are the following documents as requested by your department:

Schedule/Forms

1. 2006 Annual Report – Document # F00000004914
2. Check in the amount of \$150.00 for Fees

Financial Reconciliation and Compliance  
(206) 236-7887

tv

Enclosure