
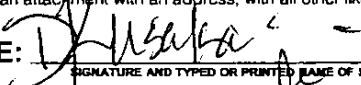


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90458 018 \*\*\*150.00

<b>DOCUMENT # F00000004914</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02172007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 91-0335750	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PATSI, 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	<input 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	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KREGGER, 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: 			Date: 27 Apr 07		Daytime Phone #: 206-236-7887
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					