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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:32

DOCUMENT # **847378** **(7)**

1. Corporation Name

THE HARVEST LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2550 CORPORATE EXCHANGE DR. STE 109 COLUMBUS OH 43229 US	ATTN: CORP. TAX DEPT. ~~PO BOX 620420~~ 6277 Sea Harbor Drive ORLANDO FL ~~43229~~ 32887 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1980
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 34-1099737	☐ Applied For ☐ Not Applicable
21	26 6277 Sea Harbor Drive		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Tax Dept 5th Floor	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Orlando FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 32887 / Country 30 US	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER DEPARTMENT OF INSURANCE 200 E GAINES ST LARGO BUILDING TALLAHASSEE FL 32399	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	Chairman & CEO	☒ Change ☐ Addition
NAME	DAWSON, FREDERICK M.	12 NAME	Patrick E. Welch	
STREET ADDRESS	6277 SEA HARBOR DR.	13 STREET ADDRESS	601 Union Street	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Seattle WA 98101-2336	
TITLE	V	21 TITLE	Senior Vice President	☒ Change ☐ Addition
NAME	MILLER, CHARLES E. J	22 NAME	Allan C. German	
STREET ADDRESS	6277 SEA HARVOR DR.	23 STREET ADDRESS	6277 Sea Harbor Drive	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando FL 32887	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	DOTY, TERRY L	32 NAME		
STREET ADDRESS	6277 SEA HARBOAR DR.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	VS	41 TITLE		☐ Change ☐ Addition
NAME	WOTHMAN, BETH	42 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	VT	51 TITLE		☐ Change ☐ Addition
NAME	HUGUNIN, JEFFREY I.	52 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	President	☒ Change ☐ Addition
NAME	LARSON, RICHARD K.	62 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry L. Doty
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR
Terry L. Doty

03/30/95 (407) 345-2368
Date Daytime Phone #

0419096 FP