

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 847378

1. Corporation Name

The Harvest Life Insurance Company

Principal Place of Business

Mailing Address

**6277 Sea Harbor Drive, 5th Floor
Orlando FL 32887**

3. Date Incorporated or Qualified

11/03/80

3a. Date of Last Report

03/30/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

34-1099737

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24

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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **Chairman/CEO**
STREET ADDRESS **Patrick E. Welch**
CITY, ST, ZIP **601 Union Street**
Seattle WA 98101

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME **SR Vice President**
STREET ADDRESS **Allan C. Germain**
CITY, ST, ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **Thomas W. Keen**
2.4 CITY, ST, ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

TITLE ☐ DELETE
NAME **Vice President**
STREET ADDRESS **Terry L. Doty**
CITY, ST, ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME **Secretary**
STREET ADDRESS **Beth Wortman**
CITY, ST, ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME **Treasurer**
STREET ADDRESS **Jeffrey I. Hugunin**
CITY, ST, ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **601 Union Street**
5.4 CITY, ST, ZIP **Seattle WA 98101**

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Richard K. Larson**
CITY, ST, ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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

Terry L. Doty

3-5-96

(407) 345-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SC 3-12-96

CR2E034 (12/95)