

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 856557

1. Corporation Name

The Harvest Life Insurance Agency, Inc

Principal Place of Business

Mailing Address

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

3. Date Incorporated or Qualified

05/27/83

3a. Date of Last Report

03/28/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324**

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 file if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME **Vice President**
STREET ADDRESS **Alan G. Birsch**
CITY-ST-ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

TITLE ☐ DELETE
NAME **SRVP/Secy**
STREET ADDRESS **Beth Wortman**
CITY-ST-ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

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

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

TITLE ☐ DELETE
NAME **Vice President**
STREET ADDRESS **Patrick L. Edmonds**
CITY-ST-ZIP **6277 Sea Harbor Drive**
Orlando FL 32887

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **SRVP/CFO** ☒ Change ☐ Addition
2.2 NAME **Geoffrey S. Stiff**
2.3 STREET ADDRESS **601 Union Street**
2.4 CITY-ST-ZIP **Seattle WA 98101**

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

4.1 TITLE **200001741012** ☐ Change ☐ Addition
4.2 NAME **-03/13/96--01029--024**
4.3 STREET ADDRESS *****200.00**
4.4 CITY-ST-ZIP

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

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:

Patrick L. Edmonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick L. Edmonds

Date

(407) 345-2368

Daytime Phone #

5/5 3-12-96

CR2E034 (12/95)