	FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY 1	IS	\$225.00
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**PROFIT** CORPORATION ANNUAL REPORT



6277 Sea Harbor Drive, 5th Floor

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

1996

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DOCUMENT # F93000002714

Corporation Name		
HGI Annuity	Service Corporation	
Principal Place of Business	Mailing Address	

Orlando FL 32887 3. Date incorporated or Qualified 3a. Date of Last Report 06/11/93 04/24/95 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 26 04-3193403 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apl. #, etc

5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032.

Yes X No Florida Statutes 29 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

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Street Address (P.O. Box Number is Not Acceptable) CT Corporation System 1200 S. Pine Island Road 83 Plantation FL 33324 City

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, and accept the obligations of Section 607 0505. Florida Statutes.

SIGNATURE _	Signature: Typed or printed name of registered agent and title if as	plicable (NOTE	Registered Agent signature	required when reinstaling) DATE			
12.	OFFICERS AND DIRECTO		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
*Ift f	Chairman	DELETE	1 1 TITLE	Chairman/Director	X Change	Addition	
NAME	Patrick E. Welch		1.2 NAME				
STH: ET ADDRESS	601 Union Street		1.3 STREET ADDRESS				
City-St 2iP	Seattle WA 98101		1 4 CITY - ST - ZIP				
TITLE	President	☐ DELETE	2 1 TITLE	Executive Vice President	X Change	Addition	
NAME	Richard K. Larson		2.2 NAME				
STREET ADDRESS	6277 Sea Harbor Drive		23 STREET ADORESS	•			
C(1) S1-7IF	Orlando FL 32887		2 4 CITY-ST-ZIP	E000012416			
T-TLF	p	DELETE	3 1 TIFLE	<b>600001741</b> 0 -03/13/9601032	n De la compa	Addition	
NAME:	Allan C. Germain		3.2 NAME	***200.00	011		
STREET ADOPESS	6277 Sea Harbor Drive		33 STREET ADDRESS				
C'TY - ST - ZIF	Orlando FL 32887		3.4 CITY - ST - ZIP				
FILE	V/CFO	DELETE	4 1 1HTLE	SVP/CFO/Director	X Change	Addition	
NAME	Charles E Miller Jr		4 2 NAME	Geoffrey S. Stiff			
STREET ADDRESS	6277 Sea Harbor Drive		4.3 STREET ADDRESS	610 Union Street			
C-TY ST-ZIP	Orlando FL 32887		4.4 CITY - ST - ZIP	Seattle WA 98101			
10'15	SVP/CON	DELETE	5 1 TITLE	VP/ASST. CONTROLLER	<b>K</b> Change	Addition	
N4Mł	Randall E. Krizek		5 2 NAME	Patrick L. Edmonds			
STREET ADDRESS	6277 Sea Harbor Drive		5.3 STREET ADDRESS	6277 Sea Harbor Drive			
CITY ST ZIP	Orlando FL 32887		5 4 CITY - ST - ZIP	Orlando FL 32887			
TILE	SVP/SECY	DELETE	6 1 TITLE		Change	Addition	
MAME	Beth Wortman		6.2 NAME				
STREET ADDRESS	6277 Sea Harbor Drive		6 3 STREET ADDRESS				
CITY CT 710	Orlando FL 32887		6.4 CHY-S1 - 7IP				

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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick L. Edmonds

CR2E034 (12/95)

Zip Code