## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **1997** 

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9300002714 (4)

## HGI ANNUITY SERVICE CORPORATION

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Principal Place of Eusiness Mailing Address								( IBUS		ihir Amili sarii	ABIN BEN DA		simit mi	ht 1881
6277 SEA HARBOR DR 6277 SEA HARBOR DR-INS T							- 1							
5TH FLOOR 5TH FLOOR ORLANDO FL 32887 ORLANDO FL 32887					22007									
US US	32007	US						3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1993 03/12/1996						ort
2. Principal F	lace of Business	2a. Mailing	Address				4	, FEI N		<del></del>	.— <u>.</u> .—. <del>3</del>			ed For
21		26						044	3193403				Not A	pplicable
Suite Apt.	#, etc.	·	Suite, Apt. #, etc.											Additional
22		27								<b>UB DESITO</b>		Fee	Requ	ired
City & Stat	lo	City & State					6. Election Campaign Financing \$5.00 May Be							
23		28	<del></del>						Fund Contri		<u> </u>		ed to i	
Zip	Country	Zip	}		intry		8			nas liability	for intangib	ole tax unde	ers. 1	99.032,
24	25 25 9. Name and Address of Curren	29    Registered Am		30					Statutes	as of New	Registered	_=	·	
~~~		. Trogration out rigi			81	Name		, 1161110		700 01 11011	Trogressor.	- regula		
	CORPORATION SYSTEM 0 SOUTH PINE ISLAND ROAD									<del> </del>			<u> </u>	
	NTATION FL 33324				82	Street	Address (	P.O. Bo	x Number i	s Not Accer	ptable)			
FLA	MINION FL 99984				83			"		<u> </u>				
						·	· · · · · · · · · · · · · · · · · · ·							
					84	City					F	85 2	ip Co	de
11. Pursuant	to the provisions of Sections 607,050:	2 and 607,1508.	Florida Statute	s. the a	pove LI	-named	corporatio	on subrr	nits this stat	ement for th			a its r	egistered
office or	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such	change was at	uthorize	d by	the corp	poration's	board o	f directors.	I hereby ac	cept the ap	opointment	as fe	gistered
	ani tarimar with, and accept the oblige	mons or, section	007,0303, FIDI	iua Siai	เบเชอ									
SIGNATURE	Stgrature, typed or pented name of registered age	of and title if applicable	, (NOTE:	Registere	d Age	nt signature	required whe	en reinstatir	ngì		DATE			
12.	OFFICERS AND	DIRECTORS		13.				ADDITI	ONS/CHAN	GES TO O	FFICERS AN	ND DIRECT	ORS	N 12
1015	CD		X DELETE	1.1 T)	TLE		Chai	rman	& CEO			Chan	ge	Addition
NAME	WELCH, PATRICK			1.2 N	AME		Joyc	e, S	tepher	ι Ρ				
STREET ADORESS	601 UNION STREET			1.3 S	REET	address	601	Unio	n Stre	et				
CHY-ST-ZIE	SEATTLE WA			1.4 CI	TY - S1	- ZIP	Seat	:tle	WA	98101				
TiTLE	EVP	ķ	DELETE	2.1 T	TLE		]					Chan	ge [	Addition
NAME	LARSON, RICHARD K.			22 N	AME		1							
STREET ADDRESS	6277 SEA HARBOR DRIVE			2.3 \$1	REET	address								
CITY-ST- ZIP	ORLANDO FL		<b></b>	2.40	ITY-S	T - ZIP				,				
tifit	) P	<u> 2</u>	DELETE	3.1 1	ILE					lent, S	Secty	☐ Chan	ge <b>(</b>	Addition
NAME	GERMAIN, ALLAN C			3.2 N			) .	_	Beth					
STREET ADDRESS	6277 SEA HARBOR DRIVE			335	MEET	ADDRESS	1			r Driv				
CHY ST-ZIP	ORLANDO FL 32387			3.4.0		1 - ZIP	Orle	ando	FL	32887	7			-
TITLE	SRVP	L	_) DELETE	4.1 (1)	TLE							☐ Chan	ge [	Addition
NAME	STIFF, GEOFFREY S			4.2 N	IAME									
STREET ACCORESS	610 UNION ST			4.3 S <sup>1</sup>	rreet.	address	1							
CHTY - ST - ZIP	SEATTLE WA 98101				TY-\$1	- <b>Z</b> IP								
TILLE	VST	L.	_] DELETE	5.1 TI	TLE							Chan	ge [	Addition
NAME	EDMONDS, PATRICK L			5.2 N	AME									
STREET ADURESS	6277 SEA HARBOR DRIVE			5.3 \$1	ree't	address					*			
CITY-ST-7-P	ORLANDO FL 32387		<u> </u>	5.4 CI	TY-'\$1	- ZIP		<del>.</del>		·				
HILE	VS		DELETE	6.1 Ti	TLE				reside			☐ Chan	ge [	X) Addition
NAME	WORTMAN, BETH			6.2 N	AME		1	•	ctor (					
STREET ADDRESS	6277 SEA HARBOR DRIVE			6.3 S	REET	ADDRESS	601 t	Union	Stree					
CHY-S1-ZIP	ORLANDO FL 32387			6.4 C	TY-SI	- ZIP	Orlar	ndo	FL	3288	37			

14. Ide hereby certify that the information supplied with this filing 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 eath; 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 3 if changed or on an attachment with an address.

345-2600

4/07/97

Edmonds

**FILED** 

Apr 17 1997 8:00am

Secretary of State

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