

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 # J83193

1. Corporation Name

PHF Life Insurance Company

Principal Place of Business

Mailing Address

6277 Sea Harbor Drive, 5th Floor  
Orlando FL 32887

3. Date Incorporated or Qualified

07/17/87

3a. Date of Last Report

03/30/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

38-2055892

Applied For

Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

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

Department of Insurance  
200 E. Gaines Street, Larson Bldg  
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE Director ☐ DELETE  
NAME William L. Barber  
STREET ADDRESS 34 Stratton Road  
CITY-ST-ZIP Scarborough ME

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(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

SG 3-12-96

CR2E034 (12/95)