

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

FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20343 (0)**  
 1. Corporation Name  
**LEGEND INSURANCE AGENCY, INC.**



Principal Place of Business  
**601 UNION STREET SUITE 5800**  
**SEATTLE WA 98101-2336**  
**US**

Mailing Address  
**P.O. BOX 490**  
**SEATTLE WA 98111-0490**  
**US**

3. Date Incorporated or Qualified <b>08/04/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>23-2524062</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PDC
NAME	WELCH, PATRICK E
STREET ADDRESS	601 UNION STREET
CITY - ST - ZIP	SEATTLE WA 98101-2336
TITLE	SVCD
NAME	CARSTENSEN, III, HANS L
STREET ADDRESS	601 UNION STREET, SUITE 5800
CITY - ST - ZIP	SEATTLE WA 98101-2336
TITLE	T
NAME	HUGUNIN, JEFFREY I.
STREET ADDRESS	601 UNION ST.
CITY - ST - ZIP	SEATTLE WA 98101-2336
TITLE	SVCD
NAME	STIFF, GEOFFREY S
STREET ADDRESS	601 UNION STREET
CITY - ST - ZIP	PHILADELPHIA WA 98101-2336
TITLE	AS
NAME	HARRINGTON, KARRI J.
STREET ADDRESS	601 UNION ST., SUITE 5800
CITY - ST - ZIP	SEATTLE WA 98101-2336
TITLE	V
NAME	GREGORY, CHRISTOPHER M.
STREET ADDRESS	601 UNION ST.
CITY - ST - ZIP	SEATTLE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P.D. Stiff, Geoffrey S
4.3 STREET ADDRESS	601 Union Street, Suite 5800
4.4 CITY - ST - ZIP	Seattle, WA 98101
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP, S
6.3 STREET ADDRESS	Atty, John W.
6.4 CITY - ST - ZIP	601 Union Street *5800 Seattle, WA 98101

14. I do 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 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: *[Signature]* 4-23-97 2066251755

CR2E034 (9/96)