2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#836005

Entity Name: VISTA LIFE INSURANCE COMPANY

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ONE AMERICAN ROAD - MD 6044 ATTN: LEGAL OFFICE DEARBORN, MI 48126 US			ONE AMERICAN ROAD LEGAL OFFICE/MD6044 DEARBORN, MI 48126 US			
Current Mailing Address:				New Mailing Address:		
ONE AMERICAN ROAD - MD 6044 ATTN: LEGAL OFFICE DEARBOR, MI 48126 US				ONE AMERICAN ROAD LEGAL OFFICE/MD6044 DEARBORN, MI 48126 US		
FEI Number:	38-2044243	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
	Electroni	c Signature of Registered Agen	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COB () MORITZ, JAMES ONE AMERICAN DEARBORN, MI	I ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	P () RAGER, CLIFFO ONE AMERICAN DEARBORN, MI	I ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	T () KUEHN, TIMOTH ONE AMERICAN DEARBORN, MI	I ROAD		Title: Name: Address: City-St-Zip:	T (X) CARNARVON, J. ONE AMERICAN DEARBORN, MI	I ROAD
Title: Name: Address: City-St-Zip:	AS () ROMEO, MARIA ONE AMERICAN DEARBORN, MI	IRD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	AS () KLEER, SILVIA I ONE AMERICAN DEARBORN, MI	I ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VPC () LINKER, GEORG ONE AMERICAN DEARBORN, MI	I ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL S. GOOD S 01/12/2007