

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90065 039 ***150.00

DOCUMENT # 836005

1. Entity Name
VISTA LIFE INSURANCE COMPANY



Principal Place of Business
**PO BOX 6044
DEARBORN MI 48121
US**

Mailing Address
**PO. BOX 6044
DEARBOR MI 48121
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **38-2044243** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIGIACOMO, RON 1 AMERICAN RD. DEARBORN MI 48121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORTIZ, JAMES 1 AMERICAN RD. DEARBORN MI 48121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT BOERIO, BIBIANA 1 AMERICAN RD. DEARBORN MI 48121	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROMEO, MARIAN V 1 AMERICA RD DEARBORN MI 48121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC LINKER, GEORGE W 1 AMERICAN RD. DEARBORN MI 48121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WELLS, CHARLES L 1 AMERICAN RD. DEARBORN MI 48121	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TIMOTHY J. KUEHN 1 AMERICAN ROAD DEARBORN, MI 48121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** _____ DATE: **2/25/03** DAYTIME PHONE #: **(313)340-3182**

James M. Swartz
Assistant Secretary

CR2E034 (10/02)

VISTA LIFE INSURANCE COMPANY

P.O. Box 6044 - Legal Office
Dearborn, MI 48121-6044

Attachment
[Redacted]
#826005

Date of Incorporation: 03-29-74
Jurisdiction of Incorporation: Michigan
Federal ID: 38-2514806
Parent Corporation: The American Road Insurance Company
FC-1 Date (Kelet/Corporate): 04/13/02

Purpose of Business:
Reinsures credit life and disability insurance.

90060012

TITLE	NAME	BUSINESS ADDRESS
DIRECTOR	TERRY D. CHENAULT	1 AMERICAN ROAD, DEARBORN, MI 48126
DIRECTOR	PHIL HORLOCK	1 AMERICAN ROAD, DEARBORN, MI 48126
DIRECTOR	DWIGHT E. LACEY	1 AMERICAN ROAD, DEARBORN, MI 48126
DIRECTOR	GEORGE W. LINKER	1 AMERICAN ROAD, DEARBORN, MI 48126
DIRECTOR	JAMES M. MORITZ	1 AMERICAN ROAD, DEARBORN, MI 48126

OFFICERS

CHAIRMAN OF THE BOARD / CEO	PHIL HORLOCK	1 AMERICAN ROAD, DEARBORN, MI 48126
PRESIDENT	JAMES M. MORITZ	1 AMERICAN ROAD, DEARBORN, MI 48126
VICE PRESIDENT/CONTROLLER	GEORGE W. LINKER	1 AMERICAN ROAD, DEARBORN, MI 48126
VICE PRESIDENT	CLIFFORD G. RAGER	1 AMERICAN ROAD, DEARBORN, MI 48126
VICE PRESIDENT - TAX	CRAIG L. SIGWORTH	1 AMERICAN ROAD, DEARBORN, MI 48126
SECRETARY	RON DIGIACOMO	1 AMERICAN ROAD, DEARBORN, MI 48126
ASSISTANT SECRETARY	MARIAN V. ROMEO	1 AMERICAN ROAD, DEARBORN, MI 48126
ASSISTANT SECRETARY	CHARLES L. WELLS	1 AMERICAN ROAD, DEARBORN, MI 48126
TREASURER	TIMOTHY J. KUEHN	1 AMERICAN ROAD, DEARBORN, MI 48126
ASSISTANT TREASURER	DAVID M. BRANDI	1 AMERICAN ROAD, DEARBORN, MI 48126
ASSISTANT TREASURER	KATHLEEN M. GALLAGHER	1 AMERICAN ROAD, DEARBORN, MI 48126
ASSISTANT TREASURER	MARY A. LEHMANN	1 AMERICAN ROAD, DEARBORN, MI 48126
ASSISTANT TREASURER	DEBORAH A. LONE	1 AMERICAN ROAD, DEARBORN, MI 48126
ASSISTANT TREASURER	NEIL M. SCHLOSS	1 AMERICAN ROAD, DEARBORN, MI 48126