

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836005

(9)

1. Corporation Name

VISTA LIFE INSURANCE COMPANY

Principal Place of Business

PO BOX 6044
DEARBORN MI 48121
US

Mailing Address

PO BOX 6044
DEARBORN MI 48121-6044
US



3. Date Incorporated or Qualified
03/23/1976

3a. Date of Last Report
04/29/1996

4. FEI Number

38-2044243

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 of the person named as registered agent on the Application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, H D	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRAPP, PETER P.	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURKHARD, JOHN P.	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	COATES, K J	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'REAR, MICHAEL R	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROGOFF, CAROL V	
STREET ADDRESS	THE AMERICAN RD	
CITY - ST - ZIP	DEARBORN MI	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Carol V. Rogoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol V. Rogoff
Assistant Secretary

Date

1/15/97 (313) 248-8078

Daytime Phone #

0480155

CR2E034 (9/96)