

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836005

1. Entity Name

VISTA LIFE INSURANCE COMPANY

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90005 050 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 6044  
DEARBORN MI 48121  
US

PO. BOX 6044  
DEARBOR MI 48121-6044  
US

00012001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2044243**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **SMITH, H D**  
STREET ADDRESS **THE AMERICAN ROAD**  
CITY-ST-ZIP **DEARBORN MI**

TITLE **P** ☐ Delete  
NAME **MORTIZ, JAMES**  
STREET ADDRESS **THE AMERICAN ROAD**  
CITY-ST-ZIP **DEARBORN MI 48121**

TITLE **VT** ☒ Delete  
NAME **COSPER, DAVID P**  
STREET ADDRESS **THE AMERICAN ROAD**  
CITY-ST-ZIP **DEARBORN MI 48121**

TITLE **EV** ☒ Delete  
NAME **COATES, K J**  
STREET ADDRESS **THE AMERICAN ROAD**  
CITY-ST-ZIP **DEARBORN MI**

TITLE **VP** ☐ Delete  
NAME **ACTON, ELIZABETH S**  
STREET ADDRESS **THE AMERICAN ROAD**  
CITY-ST-ZIP **DEARBORN MI 48121**

TITLE **AS** ☐ Delete  
NAME **CONRAD, RICHARD P**  
STREET ADDRESS **THE AMERICAN RD**  
CITY-ST-ZIP **DEARBORN MI 48121**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Change ☒ Addition  
NAME **DAVID J. PRYSTASH**  
STREET ADDRESS **THE AMERICAN ROAD**  
CITY-ST-ZIP **DEARBORN, MI 48121**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition  
NAME **ANN O. LEE**  
STREET ADDRESS **THE AMERICAN ROAD**  
CITY-ST-ZIP **DEARBORN MI 48121**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**R.P. Conrad**  
Assistant Secretary

1/12/00

Date

(313) 248-8078

Daytime Phone #