

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

:95 APR 13 PM 12:37

DOCUMENT # P08631

(4)

1. Corporation Name

FAIRLANE LIFE INSURANCE COMPANY

Principal Place of Business

**THE AMERICAN ROAD
DEARBORN MI 48121**

Mailing Address

**THE AMERICAN ROAD
DEARBORN MI 48121**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1985

3a. Date of Last Report

03/31/1994

4. FEI Number

38-2619963

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when updating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

J. G. CLISSOLD

THE AMERICAN ROAD

DEARBORN MI

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

K. J. COATES

THE AMERICAN ROAD

DEARBORN MI

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

CULLMAN, PETER A

THE AMERICAN ROAD

DEARBORN MI

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

HEIMLICH, JERRY L

THE AMERICAN ROAD

DEARBORN MI

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

ROGOFF, CAROL V

THE AMERICAN ROAD

DEARBORN MI

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SVP

ROBINSON, RONALD R

THE AMERICAN ROAD

DEARBORN MI

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**Carol V. Rogoff
Assistant Secretary**

APR 01 1995

**(715)
323-8980**

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Telephone Number