

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 6044

26 P.O. Box 6044

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Legal Office

27 Legal Office

City & State

City & State

23 Dearborn, MI

28 Dearborn, MI

Zip

Zip

Country

Country

24 48121

25 USA

29 48121

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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 on this filing date

(NOTE: Registered Agent Signature required when filing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME J. G. CLISSOLD
STREET ADDRESS THE AMERICAN ROAD
CITY-ST-ZIP DEARBORN MI

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME K. J. COATES
STREET ADDRESS THE AMERICAN ROAD
CITY-ST-ZIP DEARBORN MI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME VP
BRINGARD, JERRY D
STREET ADDRESS THE AMERICAN ROAD
CITY-ST-ZIP DEARBORN MI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME P
HEIMLICH, JERRY L
STREET ADDRESS THE AMERICAN ROAD
CITY-ST-ZIP DEARBORN MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME AS
ROGOFF, CAROL V
STREET ADDRESS THE AMERICAN ROAD
CITY-ST-ZIP DEARBORN MI

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME SVP
ROBINSON, RONALD R
STREET ADDRESS THE AMERICAN ROAD
CITY-ST-ZIP DEARBORN MI

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol V. Rogoff
Assistant Secretary

4/14/96 (313) 248-8078

CR2E034 (12/95)