


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

**FILED**

**Jul 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P26492 (9)**  
 1. Corporation Name  
**VASA NORTH ATLANTIC INSURANCE COMPANY**



Principal Place of Business <b>525 S. MERIDIAN PO BOX 8056 INDIANAPOLIS IN 46206-8056</b>	Mailing Address <b>525 S. MERIDIAN PO BOX 8056 INDIANAPOLIS IN 46206-8056</b>
--	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/13/1989</b>	3a. Date of Last Report <b>02/02/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>35-1452868</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, LANNY R	1.2 NAME	Robert T. Smith
STREET ADDRESS	525 S. MERIDIAN	1.3 STREET ADDRESS	2165 W. Broadway
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	Vancouver, B.C. V6B5H6
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P., C.F.O. & T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGE, JOHN B.	2.2 NAME	Michael L. Stickney
STREET ADDRESS	525 S. MERIDIAN	2.3 STREET ADDRESS	2165 W. Broadway
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	Vancouver, B.C. V6B5H6
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, ERIC	3.2 NAME	
STREET ADDRESS	525 S. MERIDIAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKWELL, DON W	4.2 NAME	Jean L. Wojtowicz
STREET ADDRESS	525 S. MERIDIAN	4.3 STREET ADDRESS	8440 Woodfield Crossing
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOPER, DAVID C	5.2 NAME	Richards D. Barger
STREET ADDRESS	525 S. MERIDIAN	5.3 STREET ADDRESS	515 S. Flower Street
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	Los Angeles, CA 90071-2205
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP & General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Andrew M. Weissert
STREET ADDRESS		6.3 STREET ADDRESS	525 S. Meridian St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Indianapolis, IN 46225

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, changed or not, in attachment with an address.

SIGNATURE: \_\_\_\_\_ (3) 2-10-97 (317)238-5839

CR2E034 (9/96)