

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address  
 525 S. MERIDIAN 525 S. MERIDIAN  
 PO BOX 6056 PO BOX 6056  
 INDIANAPOLIS IN 46206-6056 INDIANAPOLIS IN 46206-6056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
 10/13/1989

4. FEI Number Applied For  
 35-1452868 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32399

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SMITH, ROBERT T <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2165 W. BROADWAY VANCOUVER B.	1.2 NAME	Konterman, Roelof
STREET ADDRESS		1.3 STREET ADDRESS	525 S. Meridian
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Indianapolis, IN 46225
TITLE	VCOT STICKNEY, MICHAEL L <input type="checkbox"/> DELETE	2.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2165 W. BROADWAY VANCOUVER B.	2.2 NAME	Wojtowicz, Jean L.
STREET ADDRESS		2.3 STREET ADDRESS	8440 Woodfield Crossing
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	D OLSON, ERIC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	525 S. MERIDIAN INDIANAPOLIS IN	3.2 NAME	Kincaid, Lewis
STREET ADDRESS		3.3 STREET ADDRESS	8103 Clearvista Parkway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Indianapolis, IN 46225
TITLE	CD BARGER, RICHARDS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	515 S. FLOWER STREET LOS ANGELES CA	4.2 NAME	Reid, Peter F.
STREET ADDRESS		4.3 STREET ADDRESS	420 Boulevard
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Mountain Lakes, NJ 07046
TITLE	VPGC WEISSERT, ANDREW M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	525 S. MERIDIAN ST. INDIANAPOLIS IN	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_ July 27, 1998 (317) 238-5839

CR2E034 (5/98)