


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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:11

DOCUMENT # P26492 (9)

1. Corporation Name
VASA NORTH ATLANTIC INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/13/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 35-1452868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 agent 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, LANNY R
STREET ADDRESS	525 S. MERIDIAN
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	SDV
NAME	BRIDGE, JOHN B.
STREET ADDRESS	525 S. MERIDIAN
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	D
NAME	OLSON, ERIC
STREET ADDRESS	525 S. MERIDIAN
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	D
NAME	BLACKWELL, DON W
STREET ADDRESS	525 S. MERIDIAN
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	D
NAME	HOOPER, DAVID C
STREET ADDRESS	525 S. MERIDIAN
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	VT
NAME	BLACKWELL, DON W
STREET ADDRESS	525 S. MERIDIAN
CITY-ST-ZIP	INDIANAPOLIS IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Amy M. Scott 1-25-95 317-238-5555
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Amy M. Scott

ATTACHMENT

Kathryn M. McGlothlin, Vice President, Claims, 525 S. Meridian St., Indianapolis, IN 46225

John R. Retz, Vice President, Medical Lines, 525 S. Meridian St., Indianapolis, IN 46225

Kevin Robbins, Vice President, and Actuary, 525 S. Meridian St., Indianapolis, IN 46225

Amy M. Scott, Secretary, 525 S. Meridian St., Indianapolis, IN 46225

Andrew W. Weissert, Vice President and General Counsel, 525 S. Meridian St., Indianapolis, IN 46225