

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26492 (9)**

1. Corporation Name  
**VASA NORTH ATLANTIC INSURANCE COMPANY**



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

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

3. Date Incorporated or Qualified: **10/13/1989** 3a. Date of Last Report: **01/31/1995**  
4. FET Number: **35-1452868** 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

9. 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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1608, 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 607.0608, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |           |
|---|---|--|-----------|
| PD<br>NAME: <b>GREEN, LANNY R</b><br>STREET ADDRESS: <b>525 S. MERIDIAN</b><br>CITY-STATE-ZIP: <b>INDIANAPOLIS IN</b><br>TITLE: <b>D</b> <input type="checkbox"/> DELETE        | <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-STATE-ZIP<br>2.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION |           |
| NAME: <b>BRIDGE, JOHN B.</b><br>STREET ADDRESS: <b>525 S. MERIDIAN</b><br>CITY-STATE-ZIP: <b>INDIANAPOLIS IN</b><br>TITLE: <b>CD</b> <input type="checkbox"/> DELETE            | <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION | 2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-STATE-ZIP<br>3.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION              |           |
| NAME: <b>OLSON, ERIC</b><br>STREET ADDRESS: <b>525 S. MERIDIAN</b><br>CITY-STATE-ZIP: <b>INDIANAPOLIS IN</b><br>TITLE: <b>D</b> <input type="checkbox"/> DELETE                 | <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION | 3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-STATE-ZIP<br>4.1 TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION   | <b>VT</b> |
| NAME: <b>BLACKWELL, DON W</b><br>STREET ADDRESS: <b>525 S. MERIDIAN</b><br>CITY-STATE-ZIP: <b>INDIANAPOLIS IN</b><br>TITLE: <b>D</b> <input type="checkbox"/> DELETE            | <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION | 4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-STATE-ZIP<br>5.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION              |           |
| NAME: <b>HOOPER, DAVID C</b><br>STREET ADDRESS: <b>525 S. MERIDIAN</b><br>CITY-STATE-ZIP: <b>INDIANAPOLIS IN</b><br>TITLE: <b>VT</b> <input checked="" type="checkbox"/> DELETE | <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION | 5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP<br>6.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION              |           |
| NAME: <b>BLACKWELL, DON W</b><br>STREET ADDRESS: <b>525 S. MERIDIAN</b><br>CITY-STATE-ZIP: <b>INDIANAPOLIS IN</b>   | <input checked="" type="checkbox"/> DELETE                        | 6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-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: **Amy M. Scott** Amy M. Scott, Secretary 1-29-96 317-238-5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OTHER PHONE #

CR2E034 (12/95)