


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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 848171 (5)**  
 1. Corporation Name  
**CENTRAL RESERVE LIFE INSURANCE COMPANY**



Principal Place of Business <b>CRL PLAZA 17800 ROYALTON ROAD STRONGSVILLE OH 44138-5197</b>	Mailing Address <b>CRL PLAZA 17800 ROYALTON ROAD STRONGSVILLE OH 44138-5197</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/04/1981</b>	
21	26	4. FEI Number <b>34-0970995</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	29		30	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>STATE INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_  
 Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P LICK, FRED, JR.</b>	1.2 NAME	<b>DAVID A. CANZONE</b>
STREET ADDRESS	<b>17800 ROYALTON ROAD</b>	1.3 STREET ADDRESS	<b>17800 ROYALTON ROAD</b>
CITY-ST-ZIP	<b>STRONGSVILLE OH</b>	1.4 CITY-ST-ZIP	<b>STRONGSVILLE OH 44138</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VT GRIMONE, FRANK W.</b>	2.2 NAME	
STREET ADDRESS	<b>17800 ROYALTON ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STRONGSVILLE OH</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V LARKIN, MARY ELLEN</b>	3.2 NAME	
STREET ADDRESS	<b>17800 ROYALTON ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STRONGSVILLE OH</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S STANDISH, LINDA S.</b>	4.2 NAME	
STREET ADDRESS	<b>17800 ROYALTON ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STRONGSVILLE OH</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP KUSNIC, RICHARD A.</b>	5.2 NAME	
STREET ADDRESS	<b>17800 ROYALTON RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STRONGSVILLE OH</b>	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: *David Canzone* **DAVID A. CANZONE, V.P. 4/16/98** 440 572-2400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E034 (10/97)