

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90213 034 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 848171**

1. Corporation Name  
**CENTRAL RESERVE LIFE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**CRL PLAZA CRL PLAZA**  
**17800 ROYALTON ROAD 17800 ROYALTON ROAD**  
**STRONGSVILLE OH 44136-5197 STRONGSVILLE OH 44136-5197**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/04/1981**

4. FEI Number Applied For  
**34-0970995** 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER OF FLORIDA**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LICK, FRED, JR.</b>	1.2 NAME	<b>LAFFOON, GLEN A.</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</b>
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRIMONE, FRANK W.</b>	2.2 NAME	<b>MILLER, CHARLES E., JR.</b>
STREET ADDRESS	<b>17800 ROYALTON ROAD</b>	2.3 STREET ADDRESS	<b>17800 ROYALTON ROAD</b>
CITY-ST-ZIP	<b>STRONGSVILLE OH</b>	2.4 CITY-ST-ZIP	<b>STRONGSVILLE OH</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANZONE, DAVID A.</b>	6.2 NAME	
STREET ADDRESS	<b>17800 ROYALTON RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STRONGSVILLE OH 44136</b>	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, with all other like empowered.

SIGNATURE: DAVID A. CANZONE, V.P. 4/30/99 440 572-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)