

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848171

FILED
Jun 01, 2006
Secretary of State

Entity Name: CENTRAL RESERVE LIFE INSURANCE COMPANY

Current Principal Place of Business:

CRL PLAZA
17800 ROYALTON ROAD
STRONGSVILLE, OH 441365197

New Principal Place of Business:

Current Mailing Address:

CRL PLAZA
17800 ROYALTON ROAD
STRONGSVILLE, OH 441365197

New Mailing Address:

FEI Number: 34-0970995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLFRAM, BRADLEY A
Address: 17800 ROYALTON RD
City-St-Zip: STRONGSVILLE, OH 44136

Title: T () Delete
Name: VICKERS, DAVID I
Address: 17800 ROYALTOWN ROAD
City-St-Zip: STRONGSVILLE, OH 44136

Title: VP () Delete
Name: JOHNSON, JEFFREY A
Address: 17800 ROYALTON ROAD
City-St-Zip: STRONGSVILLE, OH 44136

Title: S (X) Delete
Name: KUSNIC, RICHARD A
Address: 17800 ROYALTON ROAD
City-St-Zip: STRONGSVILLE, OH 44136

Title: VP () Delete
Name: CANZONE, DAVID A
Address: 17800 ROYALTON RD
City-St-Zip: STRONGSVILLE, OH 44136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE CANZONE

VP

06/01/2006

Electronic Signature of Signing Officer or Director

_____ Date