

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 829893 (7)  
1. Corporation Name  
PROGRESSIVE AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address  
6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE OH 44143-2182  
US 6300 WILSON MILLS RD  
MAYFIELD VILLAGE OH 44143  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/10/1973		04/19/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		34-1022982		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is not acceptable)  
83  
84 City  
85 Zip Code  
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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FORRESTER, WILLIAM T	1.2 NAME	DAVIES, John M
STREET ADDRESS	6080 PARKLAND BLVD	1.3 STREET ADDRESS	6140 Parkland Blvd
CITY-ST-ZIP	MAYFIELD HTS OH	1.4 CITY-ST-ZIP	Mayfield Hts, OH 44124
TITLE	VD	2.1 TITLE	
NAME	DOLOHANTY, JANET A	2.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SCHNEIDER, DAVID M	3.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BEMER, PATRICIA O	4.2 NAME	
STREET ADDRESS	6140 PARKLAND BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD HTS OH	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	CERNY, KATHLEEN M	5.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LEWIS, PETER B	6.2 NAME	
STREET ADDRESS	6000 PARKLAND BLVD	6.3 STREET ADDRESS	6300 Wilson Mills Rd.
CITY-ST-ZIP	MAYFIELD HTS OH	6.4 CITY-ST-ZIP	Mayfield Village, OH 44143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Anne Dolohanty 4/18/96 216-446-7902

Date

Daytime Phone #

CR2E034 (12/95)