

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE OH 44143-2182  
US

Mailing Address  
6300 WILSON MILLS RD  
MAYFIELD VILLAGE OH 44143  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc. 22		2a. Mailing Address 26 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/10/1973	
23 City & State MAYFIELD VILLAGE, OH 24 Zip 44143-2182 25 Country US		28 City & State MAYFIELD VILLAGE, OH 29 Zip 44143-2182 30 Country US		4. FEI Number 34-1022982 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, JOHN M 6140 PARKLAND BLVD MAYFIELD HTS OH <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DAVIES, JOHN M 747 ALPHA DRIVE HIGHLAND HEIGHTS, OH 44143-2124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOLOHANTY, JANET A 6300 WILSON MILLS RD MAYFIELD VILLAGE OH <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ATAVD Dolohanty, Janet A. 6300 Wilson Mills RD Mayfield Village, OH 44143-2182 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNEIDER, DAVID M 6300 WILSON MILLS RD MAYFIELD VILLAGE OH <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 44143-2182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEMER, PATRICIA O 6140 PARKLAND BLVD MAYFIELD HTS OH <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T PLATNER, BRECK T 747 ALPHA DRIVE HIGHLAND HEIGHTS, OH 44143-2124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CERNY, KATHLEEN M 6300 WILSON MILLS RD MAYFIELD VILLAGE OH <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 44143-2182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, PETER B 6300 WILSON MILLS RD. MAYFIELD VILLAGE OH <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 44143-2182

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: \_\_\_\_\_

CP2E034 (10/97)