FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 19, 2001 8:00 am Secretary of State DOCUMENT # 848171 1. Entity Name -19-2001 90232 047 \*\*\*550 00 CENTRAL RESERVE LIFE INSURANCE COMPANY Principal Place of Business Mailing Address CRL PLAZA CRL PLAZA B0060104 17800 ROYALTON ROAD 17800 ROYALTON ROAD STRONGSVILLE OH 44136-5197 STRONGSVILLE OH 44136-5197 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34-0970995 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. -7. Name and Address of New Registered Agent Name STATE INSURANCE COMMISSIONER OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32301 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition . CR2E034 (5/01) TITLE TITLE Delete Anthony J. Pino 17800 Royalton Road LAFFOON, GLEN A NAME NAME STREET ADDRESS 17800 ROYALTON RD STREET ADDRESS absilia HO allivernorth CITY-ST-7IP CITY-ST-7IP STRONGSVILLE OH ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME MILLER, CHARLES E JR STREET ADDRESS STREET ADDRESS 17800 ROYALTOWN ROAD CITY-ST-ZIP CITY-ST-ZIP STRONGSVILLE OS ☐ Addition TITLE " Delete Change NAME NAME Larkin, Mary Ellen STREET ADDRESS STREET ADDRESS 17800 ROYALTON ROAD CITY-ST-ZIP CITY-ST-ZIP strongsville oh ☐ Delete ☐ Change Addition NAME NAME Standish, Linda S. 17800 ROYALTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STRONGSVILLE OH ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME KUSNIC, RICHARD A. STREET ADDRESS STREET ADDRESS 17800 ROYALTON RD. CITY-ST-ZIP CITY-ST-7IP STONGSVILLE OH ☐ Delete TITLE ☐ Addition TITLE NAME CANZONE, DAVID A. NAME STREET ADDRESS STREET ADDRESS 17800 ROYALTON RD STRONGSVILLE OH 44136 13. I hereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRIN TED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered

440 572 2400

Daytime Phone #