

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07438 (5)

1. Corporation Name

MEDICAL LIFE INSURANCE COMPANY

Principal Place of Business

1220 HURON ROAD
CLEVELAND OH 44115

Mailing Address

1220 HURON ROAD
CLEVELAND OH 44115



3. Date Incorporated or Qualified
09/17/1985

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

34-1174729

Applied For

☒ 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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P

GUENTHER, GERALD A.
1220 HURON ROAD
CLEVELAND OH

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V

SMITH, JAMES D.
1220 HURON ROAD
CLEVELAND OH

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

S

ROGERS, JEROME W.
2060 EAST NINTH STREET
CLEVELAND OH

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D

BURKE, JOHN J.
1300 EAST 9TH STREET
CLEVELAND OH

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V

CHIRICOSTA, RICHARD A.
1220 HURON ROAD
CLEVELAND OH

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

V

Charles Francis Braschwitz
1220 Huron Road
Cleveland Ohio 44115

☐ Change: ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

D/T

Kent Wilbur Clapp
2060 East Ninth Street
Cleveland Ohio 44115

☐ Change: ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

C/D

John Barry Jr
2060 East Ninth Street
Cleveland Ohio 44115

☐ Change: ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

D

James Blaire Jerde

☐ Change: ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

D

Charles Densmore Clark

☐ Change: ☒ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

D

Rena Joy Blumberg

☐ Change: ☐ Addition

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:

R. Chiricosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rex Chiricosta

2/24/96

(216) 502-8717

CR2E034 (12/95)