

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 34-1174729	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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 FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301		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

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 GUENTHER, GERALD A. 1220 HURON ROAD CLEVELAND OH	1.1 TITLE	SECRETARY MULVILLE, MAUREEN T. 112 S. Parkside Glen Ellyn, Ill. 60137
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT CLAPP, KENT WILBUR 2080 EAST NINTH STREET CLEVELAND OH	2.1 TITLE	DIRECTOR NEWSOM, LARRY J. 414 Lauder Lane Inverness, Ill. 60067
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S ROGERS, JEROME W. 2080 EAST NINTH STREET CLEVELAND OH	3.1 TITLE	DIRECTOR, CHAIRMAN SNYDER, ROSS B. 1191 Hunt Road Gunter, Tx 75058
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TROMBLY, ROBERT NORMAN 2080 EAST NINTH ST CLEVELAND OH	4.1 TITLE	DIRECTOR PAVLETICH, DAVID J. 420 W. Grand Avenue Chicago, Ill. 60610
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD CHIRICOSTA, RICHARD A. 1220 HURON ROAD CLEVELAND OH	5.1 TITLE	DIRECTOR, ASST. Secretary LYNCH, MICHAEL J. 5161 White Pine Drive Brunswick Hills, Oh 44122
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V BRASCHWITZ, CHARLES FRANCIS 1220 HURON ROAD CLEVELAND OH	6.1 TITLE	DIRECTOR SEVOLD, MARCIA C. 881 Quail Hollow Circle Avon Lake, Oh 44012
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Richard Chiricosta, 4/17/98

(216) 522-8717

CP2E034 (10/97)