

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07438

1. Entity Name

MEDICAL LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

1220 HURON ROAD  
CLEVELAND OH 44115

1220 HURON ROAD  
CLEVELAND OH 44115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1174729

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUENTHER, GERALD A.	
STREET ADDRESS	1220 HURON ROAD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULVILLE, MAUREEN T.	
STREET ADDRESS	112 S. PARKSIDE	
CITY-ST-ZIP	GLEN ELYN IL 60137	
TITLE	CD	<input type="checkbox"/> Delete
NAME	NEWSOM, LARRY J.	
STREET ADDRESS	414 LAUDER LANE	
CITY-ST-ZIP	INVERNESS IL 60067	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MALLEN, GERARD T	
STREET ADDRESS	300 E RANDOLPH ST	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEVOLD, MARCIA C	
STREET ADDRESS	300 E RANDOLPH ST	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	LYNCH, MICHAEL J	
STREET ADDRESS	1220 HURON RD	
CITY-ST-ZIP	CLEVELAND OH 44115	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKee, John W. III	
STREET ADDRESS	300 East Randolph Street	
CITY-ST-ZIP	Chicago IL 60601	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waple, Sharon M.	
STREET ADDRESS	1220 Huron Road	
CITY-ST-ZIP	Cleveland, OH 44115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

1-800-692-1400

Daytime Phone #

CR2E034 (10/00)

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90131 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE