


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90044 017 ***158.75

DOCUMENT # P07438		
1. Entity Name MEDICAL LIFE INSURANCE COMPANY		

Principal Place of Business 20445 EMERALD PKWY STE 400 CLEVELAND, OH 44135	Mailing Address 20445 EMERALD PKWY STE 400 CLEVELAND, OH 44135
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54019884



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number 34-1174729	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	MCKEE III, JOHN W
STREET ADDRESS	300 E. RANDOLPH ST
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	S <input type="checkbox"/> Delete
NAME	MULVILLE, MAUREEN T.
STREET ADDRESS	112 S. PARKSIDE
CITY-ST-ZIP	GLEN ELYN, IL 60137
TITLE	PD <input type="checkbox"/> Delete
NAME	NEWSOM, LARRY J.
STREET ADDRESS	414 LAUDER LANE
CITY-ST-ZIP	INVERNESS, IL 60067
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	MALLEN, GERARD T
STREET ADDRESS	300 E RANDOLPH ST
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	SEVOLD, MARCIA C
STREET ADDRESS	300 E RANDOLPH ST
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VDT <input type="checkbox"/> Delete
NAME	LYNCH, MICHAEL J
STREET ADDRESS	20445 EMERALD PKWY STE 400
CITY-ST-ZIP	CLEVELAND, OH 44134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	-HAMID, SARAH
STREET ADDRESS	1020 31st STREET
CITY-ST-ZIP	DOWNERS GROVE IL 60515
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 checked="" type="checkbox"/> Addition
NAME	D PHILLIP A. GOSS
STREET ADDRESS	1020 31st STREET
CITY-ST-ZIP	DOWNERS GROVE IL 60515
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #