

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90209 044 \*\*\*158.75

**DOCUMENT # P07438**

1. Entity Name

**MEDICAL LIFE INSURANCE COMPANY**



Principal Place of Business

**1220 HURON ROAD  
CLEVELAND OH 44115**

Mailing Address

**1220 HURON ROAD  
CLEVELAND OH 44115**

2. Principal Place of Business

**20445 Emerald Pkwy**

3. Mailing Address

**20445 EMERALD PKWY**

Suite, Apt. #, etc.

**SUITE 400**

Suite, Apt. #, etc.

**SUITE 400**

City & State

**CLEVELAND OH**

City & State

**CLEVELAND OH**

Zip

**44135**

Country

**USA**

Zip

**44135**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

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

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete  
NAME **MCKEE III, JOHN W**  
STREET ADDRESS **300 E. RANDOLPH ST**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MULVILLE, MAUREEN T.**  
STREET ADDRESS **112 S. PARKSIDE**  
CITY-ST-ZIP **GLEN ELYN IL 60137**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **NEWSOM, LARRY J.**  
STREET ADDRESS **414 LAUDER LANE**  
CITY-ST-ZIP **INVERNESS IL 60067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **MALLEN, GERARD T**  
STREET ADDRESS **300 E RANDOLPH ST**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SEVOLD, MARCIA C**  
STREET ADDRESS **300 E RANDOLPH ST**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VDT** ☐ Delete  
NAME **LYNCH, MICHAEL J**  
STREET ADDRESS **1220 HURON RD**  
CITY-ST-ZIP **CLEVELAND OH 44115**

TITLE **VDT** ☒ Change ☐ Addition  
NAME **LYNCH, MICHAEL J.**  
STREET ADDRESS **20445 EMERALD PKWY, SUITE 400**  
CITY-ST-ZIP **CLEVELAND OH 44135**

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:

**SIGNATURE OF MICHAEL J. LYNCH**

Date

**2/17/03**

Daytime Phone #

**800-692-1400**

**ext. 1727**

CR2E034 (10/02)