FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16259** **(4)**

1. Corporation Name
FRONTIER NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1001 LAKESIDE AVE. CLEVELAND OH 44114-1195	1001 LAKESIDE AVE. CLEVELAND OH 44114-1195

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/06/1987**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **34-1533563** ☐ 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

THE INSURANCE COMMISSIONER
THE CAPITOL
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 **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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HERSHEY, BARRY, J	12 NAME	
STREET ADDRESS	900 TANGLEWOOD DR	13 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	14 CITY-ST-ZIP	
TITLE	TV	21 TITLE	☐ Change ☐ Addition
NAME	KELLY, DOUGLAS B.	22 NAME	
STREET ADDRESS	38125 JACKSON RD	23 STREET ADDRESS	
CITY-ST-ZIP	MORELAND HILLS OH	24 CITY-ST-ZIP	
TITLE	SV	31 TITLE	☒ Change ☐ Addition
NAME	NELSON, RENWICKT	32 NAME	5 Miller, Robert D.
STREET ADDRESS	3765 MIDDLEPOST LANE	33 STREET ADDRESS	
CITY-ST-ZIP	ROCKY RIVER OH	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	GUNNING, DAVID H	42 NAME	
STREET ADDRESS	2571 NORTH PARK BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND HEIGHTS OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	OSBORNE, RICHARD L	52 NAME	
STREET ADDRESS	1103 ROYAL OAK DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	CHAGRIN FALLS OH	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	OUTCALT, JON H.	62 NAME	
STREET ADDRESS	7 BRANDYWOOD DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	PEPPER PIKE OH	64 CITY-ST-ZIP	

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)(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 added on an attachment with an address.

SIGNATURE: Douglas B Kelly 4/20/95 216-363-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466228 FF