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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P16259 (4)
1. Corporation Name
FRONTIER NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business
1001 LAKESIDE AVE.
CLEVELAND OH 44114-1185

Mailing Address
1001 LAKESIDE AVE.
CLEVELAND OH 44114-1151

3. Date Incorporated or Qualified: 10/06/1987
3a. Date of Last Report: 05/01/1996
4. FEI Number: 34-1533563
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERSHEY, BARRY, J	HILBERT
STREET ADDRESS	900 TANGLEWOOD DR	
CITY-ST-ZIP	CONCORD MA	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	SAROSY, RONALD L.	ROLLIN
STREET ADDRESS	6990 SHANDER DRIVE	
CITY-ST-ZIP	WALTON HILLS OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, PETER D.	INLOW
STREET ADDRESS	3765 MIDDLEPOST LANE	
CITY-ST-ZIP	ROCKY RIVER OH	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GUNNING, DAVID H	
STREET ADDRESS	2571 NORTH PARK BLVD.	
CITY-ST-ZIP	CLEVELAND HEIGHTS OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, RICHARD L	
STREET ADDRESS	1103 ROYAL OAK DRIVE	
CITY-ST-ZIP	CHAGRIN FALLS OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OUTCALT, JON H.	
STREET ADDRESS	7 BRANDYWOOD DRIVE	
CITY-ST-ZIP	PEPPER PIKE OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILBERT, STEVEN Co	
1.3 STREET ADDRESS	11815 PENNSYLVANIA STREET	
1.4 CITY-ST-ZIP	CARMEL, INDIANA 46032-4925	
2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICK, ROLLIN M.	
2.3 STREET ADDRESS	11815 PENNSYLVANIA STREET	
2.4 CITY-ST-ZIP	CARMEL, INDIANA 46032-4925	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	INLOW, LAWRENCE W.	
3.3 STREET ADDRESS	11815 PENNSYLVANIA STREET	
3.4 CITY-ST-ZIP	CARMEL, INDIANA 46032-4925	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 changed or on an attachment with an address.

SIGNATURE: *M. B. Shaw*

MARK E. SHAW: 416-247-1246/696-6400

CR2E034 (9/96)