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CORPORATION ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830697 (9)

1. Corporation Name
U.S. FINANCIAL LIFE INSURANCE COMPANY

FILED
95 FEB 28 AM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6 EAST 4TH ST. P.O. BOX 2347 CINCINNATI OH 45201-9047	6 EAST 4TH ST. P.O. BOX 2347 CINCINNATI OH 45201-9047

3. Date Incorporated or Qualified: 08/22/1973
3a. Date of Last Report: 03/04/1994
4. FEI Number: 38-2046096 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKELVEY, CHANDLER LOUIS	1.2 NAME	
STREET ADDRESS	1212 SHOREWOOD BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, STEPHEN A.	2.2 NAME	
STREET ADDRESS	275 E. BROARD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition
NAME	HENNEKES, ROBERT J.	3.2 NAME	
STREET ADDRESS	6 EAST 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	BALLENGER, JOHN W.	4.2 NAME	
STREET ADDRESS	6 EAST 4TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S ☑ Change ☐ Addition
NAME	LEE, L. GAIL	5.2 NAME	Hurkholder, Bonnie M.
STREET ADDRESS	6 EAST 4TH ST.	5.3 STREET ADDRESS	6 East Fourth Street
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	Cincinnati Oh
TITLE	DV	6.1 TITLE	☐ Change ☐ Addition
NAME	WERNKE, JAMES H.	6.2 NAME	
STREET ADDRESS	6 EAST 4TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	6.4 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] V.P. Treasurer 2-13-95 (513) 287-6820
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0074362

U.S. FINANCIAL
LIFE INSURANCE COMPANY

February 13, 1995

ADDITIONAL DIRECTORS AND OFFICERS

P/D/C
ANISKOVICH, PAUL P.
6 EAST FOURTH STREET
CINCINNATI, OH

V
CARROLL, ROBERT L.
6 EAST FOURTH STREET
CINCINNATI, OH

V
LIMA, CHARLES J.
6 EAST FOURTH STREET
CINCINNATI, OH

V
COFIELD, ELDA M.
6 EAST FOURTH STREET
CINCINNATI, OH

Six East Fourth Street P.O. Box 2347 Cincinnati, Ohio 45201 (513) 287-6820