FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 830697

1. Corporation Name

U.S. FINANCIAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
201 EAST FOURTH STREET SUITE 1800, P.O. BOX 2347 CINCINNATI, OHIO 45201	201 EAST FOURTH STREET SUITE 1800, P.O. BOX 2347 CINCINNATI, OHIO 45201

3. Date Incorporated or Qualified: 08/22/1973
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business	2a. Mailing Address
21 201 EAST FOURTH STREET	26 201 EAST FOURTH STREET
Suite, Apt. #, etc. 22 SUITE 1800, P.O. BOX 2347	Suite, Apt. #, etc. 27 SUITE 1800, P.O. BOX 2347
City & State 23 CINCINNATI, OHIO	City & State 28 CINCINNATI, OHIO
Zip / Country 24 45201 / 25 HAMILTON	Zip / Country 29 45201 / 30 HAMILTON

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	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 53705	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, STEPHEN A.	2.2 NAME	
STREET ADDRESS	275 E. BROAD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 43215-3771	2.4 CITY-ST-ZIP	900001749299 *03/19/96--01075--032
TITLE	VT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HENNEKES, ROBERT J.	3.2 NAME	
STREET ADDRESS	201 EAST FOURTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OHIO 45202	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BALLENGER, JOHN W.	4.2 NAME	
STREET ADDRESS	201 EAST FOURTH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OHIO 45202	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOUSEHOLDER, BONNIE M.	5.2 NAME	
STREET ADDRESS	201 EAST FOURTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OHIO 45202	5.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	6.1 TITLE	900001749299 ☐ Change ☐ Addition
NAME	WERNKE, JAMES H.	6.2 NAME	-03/19/96--01075--032
STREET ADDRESS	201 EAST FOURTH STREET	6.3 STREET ADDRESS	***200.00
CITY-ST-ZIP	CINCINNATI, OHIO 45202	6.4 CITY-ST-ZIP	

3-19

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)(k), 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 on an attachment with an address.

SIGNATURE: Robert J. Hennekes — ROBERT J. HENNEKES — 3/12/96 — 513-287-6803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

U.S. FINANCIAL
LIFE INSURANCE COMPANY

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January 18, 1996

ADDITIONAL DIRECTORS AND OFFICERS

P/D/C
ANISKOVICH, PAUL P.
201 EAST FOURTH STREET
CINCINNATI, OH 45201

V
CARROLL, ROBERT L.
201 EAST FOURTH STREET
CINCINNATI, OH 45201

V
LIMA, CHARLES J.
201 EAST FOURTH STREET
CINCINNATI, OH 45201

V
COFIELD, ELDA M.
201 EAST FOURTH STREET
CINCINNATI, OH 45201

V
COCHRAN, CHRISTOPHER T.
201 EAST FOURTH STREET
CINCINNATI, OH 45201