

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 1997 8:00am
Secretary of State

		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
PROFIT CORPORATION ANNUAL REPORT 1997			
DOCUMENT # 830697 (9)			
1. Corporation Name: U.S. FINANCIAL LIFE INSURANCE COMPANY			
Principal Place of Business 201 EAST 4TH ST STE-1800, PO BOX 2347 CINCINNATI OH 45201-9347		Mailing Address 201 EAST 4TH ST STE-1800, PO BOX 2347 CINCINNATI OH 45201-2347	
2. Principal Place of Business 21 201 EAST 4th St Suite, Apt. #, etc. 22 Suite 1800, PO Box 2347 City & State 23 CINCINNATI OHIO Zip 24 45201-2347		2a. Mailing Address 26 201 EAST 4th St Suite, Apt. #, etc. 27 Suite 1800, PO Box 2347 City & State 28 CINCINNATI OHIO Zip 29 45201-2347	
3. Date Incorporated or Qualified 08/22/1973		3a. Date of Last Report 03/19/1996	
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 607.1506, 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 reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE MCKELVEY, CHANDLER LOUIS 1212 SHOREWOOD BLVD MADISON WI 53705 DELETE MITCHELL, STEPHEN A. 275 E. BROAD ST. COLUMBUS OH 43215-3771 DELETE HENNEKES, ROBERT J. 6 EAST 4TH ST. CINCINNATI OH 45202 DELETE BALLENGER, JOHN W. 6 EAST 4TH ST. CINCINNATI OH 45202 DELETE HOUSEHOLDER, BONNIE M 201 EAST 4TH ST CINCINNATI OH 45201-9347 DELETE WERNKE, JAMES H. 201 EAST 4TH ST CINCINNATI OH 45201-9347	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 if changed, or on an attachment with an address			
SIGNATURE: <i>Bonnie M. Householder</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-12-97 Date	

CR2E034 (9/96)

ADDITIONAL DIRECTORS AND OFFICERS

V

Behne, Donald L.
201 East Fourth St.
Cincinnati, Ohio 45201

V

Lima, Charles J.
201 East Fourth St.
Cincinnati, Ohio 45201

V

Cofield, Elda M.
201 East Fourth St.
Cincinnati, Ohio 45201