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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:07

DOCUMENT # 853127 (9)

1. Corporation Name
CARILLON LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1876 WAYCROSS ROAD BOX 179 CINCINNATI OH 45201	1876 WAYCROSS ROAD BOX 179 CINCINNATI OH 45201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1982
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 580 Walnut Street
22 Suite, Apt. #, etc.
23 City & State: Cincinnati, OH
24 Zip: 45202
25 Country: USA

2a. Mailing Address
26 P.O. Box 1000
27 Suite, Apt. #, etc.
28 City & State: Cincinnati, OH
29 Zip: 45202
30 Country: USA

4. FEI Number: 31-1021738 ☐ 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

STATE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LINDNER, CARL H. II	1.2 NAME	ADAMS, ROBERT A.	
STREET ADDRESS	580 WALNUT STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP		
TITLE	SVPD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	HORRELL, KAREN HOLLEY	2.2 NAME	MUETHING, MARK F.	
STREET ADDRESS	580 WALNUT STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP		
TITLE	SVP	3.1 TITLE	VPT	☒ Change ☐ Addition
NAME	GRUBER, GARY J.	3.2 NAME	ALLEN, ROBERT E.	
STREET ADDRESS	580 WALNUT STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE	SVPD	☒ Change ☐ Addition
NAME	LINDNER, CARL H.	4.2 NAME	MORTENSEN, JAMES M.	
STREET ADDRESS	ONE EAST 4TH STREET	4.3 STREET ADDRESS	580 WALNUT STREET	
CITY-ST-ZIP	CINCINNATI FL	4.4 CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LINDNER, S. CRAIG	5.2 NAME		
STREET ADDRESS	ONE EAST 4TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 written attachment with an address.

SIGNATURE: _____ (513)357-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert E. Allen Date Daytime Phone #

0394026 CP

853127

FLORIDA

OFFICERS AND DIRECTORS CONTINUED -

	OFFICERS	DIRECTORS
VP	Betty M. Kasprowicz	William J. Maney II
VP	Michael J. O'Connor	Jeffrey S. Tate
VP	Thomas K. Liguzinski	
VP	Arthur R. Greene III	

The address for all of the above is:

580 Walnut Street
Cincinnati, OH 45202