

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P16810 (4)

1. Corporation Name

THE CINCINNATI LIFE INSURANCE COMPANY

95 MAY -1 AM 10:43

Principal Place of Business

**6200 S. GILMORE ROAD
FAIRFIELD OH 45014**

Mailing Address

**6200 S. GILMORE ROAD
FAIRFIELD OH 45014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1987

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Country

29

30

4. FEI Number

31-1213778

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. 194.032,
Florida Statutes

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CURRIN, JAMES A.
8389 SHADOW POINT COURT
CINCINNATI OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DRIEHAUS, ROBERT J.
3232 FERNICROFT DRIVE
CINCINNATI OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
STECHER, KENNETH W.
5336 PINECLIFF LANE
CINCINNATI OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MORGAN, ROBERT B.
8821 CHEVIOT RD
CINCINNATI OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BECKMAN, VINCENT H.
1 NORTH CLIFF TERRACE
CINCINNATI OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the provisions of Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate. I am an officer or director of the corporation or the receiver or trustee empowered to execute this filing. 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 filing. I am required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

Kenneth W. Stecher

Treasurer
Kenneth W. Stecher

5-17-95

513-870-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number