

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 # **P16810 (4)**
1. Corporation Name
THE CINCINNATI LIFE INSURANCE COMPANY



Principal Place of Business: **6200 S. GILMORE ROAD FAIRFIELD OH 45014**
Mailing Address: **6200 S. GILMORE ROAD FAIRFIELD OH 45014**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1987	3a. Date of Last Report 05/01/1995
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 31-1213778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE 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		85. Zip Code		FL	

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 director applicable) (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIN, JAMES A.	1.2 NAME	
STREET ADDRESS	8389 SHADOW POINT COURT	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	1.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIEHAUS, ROBERT J.	2.2 NAME	
STREET ADDRESS	3232 FERNCROFT DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	2.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECHEK, KENNETH W.	3.2 NAME	
STREET ADDRESS	5336 PINECLIFF LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, ROBERT B.	4.2 NAME	
STREET ADDRESS	8821 CHEVIOT RD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMAN, VINCENT H.	5.2 NAME	
STREET ADDRESS	1 NORTH CLIFF TERRACE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(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: *Kenneth W. Stecher* **Kenneth W. Stecher** **Treasurer** **2-28-96** **513-870-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)