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**Apr 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 Mailing Address
**6200 S. GILMORE ROAD
FAIRFIELD OH 45014** **6200 S. GILMORE ROAD
FAIRFIELD OH 45014-5141**

3. Date Incorporated or Qualified **11/16/1987** 3a. Date of Last Report **03/06/1996**
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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 **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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRIN, JAMES A.	1.2 NAME	ELCHYNSKI, THEODORE F.
STREET ADDRESS	8389 SHADOW POINT COURT	1.3 STREET ADDRESS	6366 CHARITY DRIVE
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	CINCINNATI OH
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIEHAUS, ROBERT J.	2.2 NAME	CUMMING RICHARD W.
STREET ADDRESS	3232 FERNCROFT DRIVE	2.3 STREET ADDRESS	9477 SOUTHGATE DRIVE
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	CINCINNATI OH
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STECHEK, KENNETH W.	3.2 NAME	ADICK, DONALD R.
STREET ADDRESS	5336 PINECLIFF LANE	3.3 STREET ADDRESS	6930 PLUMWOOD COURT
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	CINCINNATI OH
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-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-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: *Kenneth W. Stecher* **Kenneth W. Stecher,**

CR2E034 (9/96)