

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90102 039 ***150.00

DOCUMENT # P16810

1. Entity Name

THE CININNATI 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1213778**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	PENDRY, TODD H	
STREET ADDRESS	8281 EAGLE RIDGE DRIVE	
CITY-ST-ZIP	WEST CHESTER OH 45069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CUMMING, RICHARD W	
STREET ADDRESS	9477 SOUTHGATE DR	
CITY-ST-ZIP	CINNINNATI OH	
TITLE	T	<input type="checkbox"/> Delete
NAME	STECHER, KENNETH W.	
STREET ADDRESS	5336 PINECLIFF LANE	
CITY-ST-ZIP	CINNINNATI OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADICK, DONALD R	
STREET ADDRESS	6930 PLUMWOOD COURT	
CITY-ST-ZIP	CINNINNATI OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	POPPLEWELL, DAVID H	
STREET ADDRESS	8387 DEERPATH	
CITY-ST-ZIP	WEST CHESTER OH 45069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd H. Pendry **Todd H. Pendry**

4/24/01

Date

(513) 870-2000

Daytime Phone #

CR2E034 (10/00)