

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # P16810

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



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1213778

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	PENDRY, TODD H	8281 EAGLE RIDGE DRIVE	WEST CHESTER OH 45069
VD	CUMMING, RICHARD W	9477 SOUTHGATE DR	CINCINNATI OH
T	STECHEK, KENNETH W.	5336 PINECLIFF LANE	CINCINNATI OH
V	ADICK, DONALD R	6930 PLUMWOOD COURT	CINCINNATI OH
P	POPPLEWELL, DAVID H	8387 DEERPATH	WEST CHESTER OH 45069

700008581867
10/25/02--01008--026 **150.00

8. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

Printed

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Todd H. Pendry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02
Date

(513) 870-2608
Daytime Phone #

CR2E040 (8/02)



THE
CINCINNATI INSURANCE COMPANIES

THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY

Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

October 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam or Sir:

Per our phone conversation with Andy at the Division of Corporations on October 23, 2002 enclosed is the Cincinnati Life Insurance Company's application for reinstatement along with a check in the amount of \$150.00.

As discussed, Cincinnati Life is requesting to have the revocation rescinded and the Certificate of Authority reinstated (without any lapse in license). This request is based on our records indicating the initial filing was processed before the May 1, 2002 deadline and that Cincinnati Life never received the second notice dated June 7th as indicated on the inside front cover of the Notice of Revocation. Apparently the Florida Division of Corporations did not receive our original filing. It is Cincinnati Life's understanding, based on the phone conversation noted above, that the revocation will be rescinded upon receipt of the enclosed application and check. At this time, Cincinnati Life is also asking to receive written confirmation stating our Certificate of Authority has been reinstated.

Please forward all future mailings to: The Cincinnati Life Insurance Company, 6200 S. Gilmore Road Fairfield Ohio, 45014 -5141, attention Todd H. Pendery, Vice President and Treasurer

Thank you in advance for your time and consideration in this matter.

Sincerely,

Todd H. Pendery, FLMI
Vice President, Treasurer
Cincinnati Life Insurance Company

Enclosures



6200 S. Gilmore Road, Fairfield, Ohio 45014-5141