


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P16810 1. Entity 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	
<b>DO NOT WRITE IN THIS SPACE</b>		02182004. No Chg-P CR2E034 (10/03)
		4. FEI Number 31-1213778
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	<b>DO NOT WRITE IN THIS SPACE</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the fee if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000072784 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PENDRY, TODD H 8281 EAGLE RIDGE DRIVE WEST CHESTER, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMING, RICHARD W 9477 SOUTHGATE DR CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STECHEK, KENNETH W. 6106 JOHNSON ROAD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADICK, DONALD R 6930 PLUMWOOD COURT CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPPLEWELL, DAVID H 8387 DEERPATH WEST CHESTER, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Todd H. Pendery **Todd H. Pendery** 2/20/2004 513-870-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #