

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 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



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 31-1213778

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
 P O BOX 8200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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


DATE
 03/10/06-80005-012 150.00

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 STECHER, 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 February 18, 2006 513-870-2000