

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16810

Entity Name: THE CINCINNATI LIFE INSURANCE COMPANY**Current Principal Place of Business:**6200 S. GILMORE ROAD
FAIRFIELD, OH 45014**Current Mailing Address:**6200 S. GILMORE ROAD
FAIRFIELD, OH 45014**FEI Number:** 31-1213778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VT
Name	PENDERY, TODD H
Address	8281 EAGLE RIDGE DRIVE
City-State-Zip:	WEST CHESTER OH 45069

Title	V
Name	BROWN, ROGER A
Address	153 PALM SPRINGS DR
City-State-Zip:	FAIRFIELD OH 45014

Title	V
Name	SEWELL, MICHAEL J
Address	7775 SURREYHILL LANE
City-State-Zip:	CINCINNATI OH 45243

Title	P
Name	POPPLEWELL, DAVID H
Address	8387 DEERPATH
City-State-Zip:	WEST CHESTER OH 45069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD HANCOCK PENDERYVICE PRESIDENT &
TREASURER

02/12/2014

Electronic Signature of Signing Officer/Director Detail_____
Date