

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16810

FILED
Feb 26, 2024
Secretary of State
8382521940CC

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: Yes

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 LUTZ, CHRISTOPHER T
Address 6200 S. GILMORE ROAD
City-State-Zip: FAIRFIELD OH 45014

Title COO
Name BROWN, ROGER A
Address 6200 S. GILMORE ROAD
City-State-Zip: FAIRFIELD OH 45014

Title CFO
Name SEWELL, MICHAEL J
Address 6200 S. GILMORE ROAD
City-State-Zip: FAIRFIELD OH 45014

Title CEO
Name JOHNSTON, STEVEN J
Address 6200 S. GILMORE ROAD
City-State-Zip: FAIRFIELD OH 45014

Title PRESIDENT
Name SPRAY, STEPHEN MICHAEL
Address 6200 SOUTH GILMORE ROAD
City-State-Zip: FAIRFIELD OH 45014-5141

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: CHRISTOPHER T LUTZ

**VICE PRESIDENT &
TREASURER**

02/26/2024

Electronic Signature of Signing Officer/Director Detail

Date