

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16810

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC5494312515**

**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  
P O BOX 6200 (32314-6200)  
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 H PENDERY**

**VICE PRESIDENT &  
TREASURER**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date