

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **814921** (3)

1. Corporation Name

**THE OHIO LIFE INSURANCE COMPANY**



Principal Place of Business

**136 NO. THIRD STREET  
HAMILTON, OHIO 45025**

Mailing Address

**136 NO. THIRD STREET  
HAMILTON, OHIO 45025**

3. Date Incorporated or Qualified  
**12/12/1960**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**31-0501247**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPULLER, T F  
500 WINDERLEY PL  
STE 200  
MAITLAND FL 32751-7207**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME  
**PORTER, BARRY**  
STREET ADDRESS  
**136 NO THIRD ST**  
CITY - ST - ZIP  
**HAMILTON, OH 00000**

D ☐ DELETE

NAME  
**MARCUM, JOSEPH L**  
STREET ADDRESS  
**136 NO THIRD ST**  
CITY - ST - ZIP  
**HAMILTON, OH 00000**

D ☐ DELETE

NAME  
**SLONEKER, HOWARD L JR**  
STREET ADDRESS  
**136 NO THIRD ST**  
CITY - ST - ZIP  
**HAMILTON, OH 00000**

D ☐ DELETE

NAME  
**VORYS, ARTHUR I**  
STREET ADDRESS  
**136 NO THIRD ST**  
CITY - ST - ZIP  
**HAMILTON, OH 00000**

D ☐ DELETE

NAME  
**PATCH, LAUREN N.**  
STREET ADDRESS  
**136 NO THIRD ST**  
CITY - ST - ZIP  
**HAMILTON, OH 00000**

PD ☐ DELETE

NAME  
**LOWE, JEFFREY D.**  
STREET ADDRESS  
**136 NO THIRD ST**  
CITY - ST - ZIP  
**HAMILTON, OH 00000**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry S. Porter**

**4/23/96**

**(513) 867-3903**

Date

Daytime Phone #

CR2E034 (12/95)