

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90021 024 ***150.00

DOCUMENT # 830697

1. Corporation Name

U.S. FINANCIAL LIFE INSURANCE COMPANY

Principal Place of Business

201 E 4TH ST
STE 1800, PO BOX 2347
CINCINNATI OH 45201-9347
US

Mailing Address

201 EAST 4TH ST
STE-1800, PO BOX 2347
CINCINNATI OH 45201-9347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1973

4. FEI Number

38-2046096

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MCKELVEY, CHANDLER LOUIS
STREET ADDRESS 1212 SHOREWOOD BLVD
CITY-ST-ZIP MADISON WI 53705

TITLE D ☒ DELETE
NAME MITCHELL, STEPHEN A.
STREET ADDRESS 275 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH 43215-3771

TITLE PDC ☐ DELETE
NAME ANISKOVICH, RAUL P.
STREET ADDRESS 201 E. FOURTH ST
CITY-ST-ZIP CINCINNATI OH

TITLE DV ☐ DELETE
NAME CARROLL, ROBERT L.
STREET ADDRESS 201 E. 4TH ST
CITY-ST-ZIP CINCINNATI OH

TITLE ST ☐ DELETE
NAME HOUSEHOLDER, BONNIE M
STREET ADDRESS 201 EAST 4TH ST
CITY-ST-ZIP CINCINNATI OH

TITLE DV ☒ DELETE
NAME WERNKE, JAMES H.
STREET ADDRESS 201 EAST 4TH ST
CITY-ST-ZIP CINCINNATI OH 45201-9347

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME David Sohn Murphy
6.3 STREET ADDRESS 201 E 4th St
6.4 CITY-ST-ZIP Cincinnati, OH 45201-2347

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie M. Householder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99 (513) 287-6820
Date Daytime Phone #

CR2E034 (11/98)

0524695