

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830697

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** U.S. FINANCIAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

4000 SMITH ROAD  
SUITE 300  
CINCINNATI, OH 45209 US

**New Principal Place of Business:**

4000 SMITH RD., STE 300  
CINCINNATI, OH 45209 US

**Current Mailing Address:**

1290 AVENUE OF THE AMERICAS  
ATTN: S. STERLING  
NEW YORK, NY 10104

**New Mailing Address:**

4000 SMITH RD., STE 300  
CINCINNATI, OH 45209 US

**FEI Number:** 38-2046096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MARINO, CHARLES PD  
Address: 1290 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

Title: VPT  
Name: BYRNE, KEVIN R VPT  
Address: 1290 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

Title: SEC  
Name: TEDESCHI, DENISE SEC  
Address: 1290 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

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: LAURA LOUIS

POA

04/03/2012

Electronic Signature of Signing Officer or Director

Date