


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 845799 1. Entity Name INTEGRITY LIFE INSURANCE COMPANY	
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Principal Place of Business
515 W MARKET ST
4TH FLOOR
LOUISVILLE, KY 40202-3319 US

Mailing Address
400 BROADWAY
CINCINNATI, OH 45202 US

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0214103	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, DENNIS 515 W MARKET ST LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDHOLM, JOHN R 515 W MARKET ST LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC CUMMINGS, DON W 515 W MARKET ST LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BABBITT, EDWARD G 515 W MARKET ST LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SPEED, TIMOTHY D 515 W MARKET STREE LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/04-80211-017 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 513-629-1426