

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90392 022 ***150.00

DOCUMENT # 845799

1. Entity Name
INTEGRITY LIFE INSURANCE COMPANY



Principal Place of Business
**515 W MARKET ST
4TH FLOOR
LOUISVILLE, KY 40202-3319 US**

Mailing Address
**400 BROADWAY
CINCINNATI, OH 45202 US**

40075300

2. Principal Place of Business
400 BROADWAY
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
CINCINNATI OH
Zip
45202 Country

City & State
Zip Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
86-0214103 Applied For
Not Applicable

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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LINDHOLM, JOHN R
515 W MARKET ST
LOUISVILLE, KY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
VANCE, JAMES J.
400 BROADWAY
CINCINNATI, OH 45202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BABBITT, EDWARD G
515 W MARKET ST
LOUISVILLE, KY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SPEED, TIMOTHY D
515 W MARKET STREE
LOUISVILLE, KY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400 BROADWAY
CINCINNATI OH 45202** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400 BROADWAY
CINCINNATI OH 45202** ☒ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/25/06

Date

513-629-1426

Daytime Phone #