


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P16810 1. Entity Name THE CINCINNATI LIFE INSURANCE COMPANY	
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Principal Place of Business 6200 S. GILMORE ROAD FAIRFIELD, OH 45014	Mailing Address 6200 S. GILMORE ROAD FAIRFIELD, OH 45014
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DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1213778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

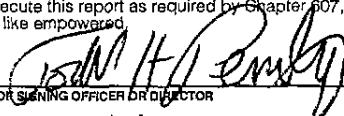
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000249942
03/03/05-80024-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PENDRY, TODD H 8281 EAGLE RIDGE DRIVE WEST CHESTER, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMING, RICHARD W 9477 SOUTHGATE DR CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STECHEK, KENNETH W. 6106 JOHNSON ROAD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADICK, DONALD R 6930 PLUMWOOD COURT CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPPLEWELL, DAVID H 8387 DEERPATH WEST CHESTER, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Todd H. Pendry  2/25/05 (513) 870-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #