


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

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



05192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1213778</b>	Applied For <input type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

U00000763981  
05/30/07-80035-025 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **Todd H. Pendry** **5/21/07** **(513) 870-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #