


2008 FOR PROFIT CORPORATION REINSTATEMENT

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED

08 OCT 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2008

4. FEI Number 31-1213778	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VT PENDRY, TODD H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8281 EAGLE RIDGE DRIVE	NAME	400137425864
STREET ADDRESS	WEST CHESTER, OH 45069	STREET ADDRESS	10/29/08--01032--008 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMING, RICHARD W	NAME	
STREET ADDRESS	9477 SOUTHGATE DR	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECHEK, KENNETH W.	NAME	
STREET ADDRESS	6106 JOHNSON ROAD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADICK, DONALD R	NAME	
STREET ADDRESS	6930 PLUMWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPPLEWELL, DAVID H	NAME	
STREET ADDRESS	8387 DEERPATH	STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER, OH 45069	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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* Todd H. Pendry 10/27/2008 (513) 870-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #