

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16810

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** THE CINCINNATI LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

6200 S. GILMORE ROAD  
FAIRFIELD, OH 45014

**New Principal Place of Business:**

**Current Mailing Address:**

6200 S. GILMORE ROAD  
FAIRFIELD, OH 45014

**New Mailing Address:**

**FEI Number:** 31-1213778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VT  
Name: PENDRY, TODD H  
Address: 8281 EAGLE RIDGE DRIVE  
City-St-Zip: WEST CHESTER, OH 45069

Title: VD  
Name: CUMMING, RICHARD W  
Address: 9477 SOUTHGATE DR  
City-St-Zip: CINCINNATI, OH

Title: S  
Name: JOHNSTON, STEVEN J  
Address: 390 S WAYNESVILLE ROAD  
City-St-Zip: OREGONIA, OH 45054

Title: P  
Name: POPPLEWELL, DAVID H  
Address: 8387 DEERPATH  
City-St-Zip: WEST CHESTER, OH 45069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD H. PENDRY

VT

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date