

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90392 021 ***150.00

DOCUMENT # P39071

1. Entity Name
NATIONAL INTEGRITY LIFE INSURANCE COMPANY



40075306

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

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

2. Principal Place of Business
400 BROADWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CINCINNATI, OH

City & State

Zip
45202 Country

Zip Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
16-0958252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CARR, DENNIS
515 W MARKET ST
LOUISVILLE, KY 40202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LINDHOLM, JOHN R
515 W MARKET ST
LOUISVILLE, KY 40202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SRVP
CUMMINGS, DON W
515 W MARKET ST
LOUISVILLE, KY 40202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SRVP
NICHOLAS P. SARGEN
303 BROADWAY STE 1100
CINCINNATI OH 45202** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BABBITT, EDWARD J
515 W MARKET ST
LOUISVILLE, KY 40202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SPEED, TIMOTHY D
515 W MARKET ST
LOUISVILLE, KY 40202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06

513-629-1426