

1.) CORPORATION NAME:

THE CINCINNATI LIFE INSURANCE COMPANY

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CALVIN W "WOODY" FOWLER JR
WILLIAMS MULLEN
200 SOUTH 10TH STREET, SUITE 1600**

SCC ID NO: **F0563801**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6200 S GILMORE RD

CITY/ST/ZIP: FAIRFIELD, OH 45014

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID HUGH POPPLEWELL	
TITLE:	P/COO	
ADDRESS:	PO BOX 145496	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GLENN D NICHOLSON	
TITLE:	SR VP	
ADDRESS:	PO BOX 145496	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL RAY ABRAMS	
TITLE:	VICE PRESIDENT	
ADDRESS:	P O BOX 145496	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRAD ERIC BEHRINGER	
TITLE:	VICE PRESIDENT	
ADDRESS:	P O BOX 145496	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK ALAN WELSH	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 145496	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENNETH WILLIAM STECHER	
TITLE:	CHRMN	
ADDRESS:	PO BOX 145496	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM FORREST BAHL DIRECTOR P O BOX 145496 CINCINNATI, OH 45250-5496	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK ALAN WELSH	MARK ALAN WELSH, VICE PRESIDENT	12/9/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.