FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26

DOCUMENT # 818855 (9)

1. Corporation Name
MODERN AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 NORTH AKARD DALLAS TX 78701 US	100 MALLARD CREEK ROAD STE. 400 LOUISVILLE KY 40207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1972
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26 500 North Akard
22 Suite, Apt #, etc.	27 Suite, Apt #, etc
23 City & State	28 City & State: Dallas, Texas
24 Zip / 25 Country	29 Zip: 75201 / 30 Country: Dallas

4. FEI Number: 44-0651638 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KERN, WELDON
STREET ADDRESS	500 N. AKARD
CITY ST ZIP	DALLAS TX
TITLE	TD
NAME	HULL, JOHN T.
STREET ADDRESS	4211 NORBOURNE BLVD.
CITY ST ZIP	LOUISVILLE KY
TITLE	PD
NAME	BIESENHERZ, ROBERT L.
STREET ADDRESS	500 NORTH AKARD
CITY ST ZIP	DALLAS TE
TITLE	VD
NAME	LAY, W. SHERMAN
STREET ADDRESS	4211 NORBOURNE BLVD.
CITY ST ZIP	LOUISVILLE KY
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D	☐ Change XX Addition
1 NAME	Glenn Howard Gettier, Jr.	
1 STREET ADDRESS	500 North Akard	
1 CITY ST ZIP	Dallas, Texas 75201	
2 TITLE	VTD	XX Change ☐ Addition
2 NAME		
2 STREET ADDRESS	500 North Akard	
2 CITY ST ZIP	Dallas, Texas 75201	
3 TITLE	PD	☐ Change XX Addition
3 NAME	James Raymond Kerber	
3 STREET ADDRESS	500 North Akard	
3 CITY ST ZIP	Dallas, Texas 75201	
4 TITLE	VS	☐ Change XX Addition
4 NAME	Daniel Benjamin Gail	
4 STREET ADDRESS	500 North Akard	
4 CITY ST ZIP	Dallas, Texas 75201	
5 TITLE	VD	☐ Change XX Addition
5 NAME	Richard Paul Pimsner	
5 STREET ADDRESS	500 North Akard	
5 CITY ST ZIP	Dallas, Texas 75201	
6 TITLE	VD	☐ Change XX Addition
6 NAME	Robert Carl Greving	
6 STREET ADDRESS	500 North Akard	
6 CITY ST ZIP	Dallas, Texas 75201	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard P. Pimsner — March 21, 1995 — 214-954-7111

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