FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **818855** **(9)**

1. Corporation Name

MODERN AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 NORTH AKARD DALLAS TX 78701 US	500 NORTH AKARD DALLAS TE 75201 US

3. Date Incorporated or Qualified: **01/18/1972**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	D/P/S	☐ Change ☒ Addition
NAME	KERN, WELDON		1.2 NAME	Rodney D. Moore	
STREET ADDRESS	500 N. AKARD		1.3 STREET ADDRESS	500 North Akard	
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST-ZIP	Dallas, Texas 75201	
TITLE	VTD	☒ DELETE	2.1 TITLE	D/T	☐ Change ☒ Addition
NAME	HULL, JOHN T.		2.2 NAME	Susan A. Brown	
STREET ADDRESS	500 NORTH AKARD		2.3 STREET ADDRESS	500 North Akard	
CITY-ST-ZIP	DALLAS TE		2.4 CITY-ST-ZIP	Dallas, Texas 75201	
TITLE	PD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BIESENHERZ, ROBERT L.		3.2 NAME	Gerald J. Kohout	
STREET ADDRESS	500 NORTH AKARD		3.3 STREET ADDRESS	500 North Akard	
CITY-ST-ZIP	DALLAS TE		3.4 CITY-ST-ZIP	Dallas, Texas 75201	
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAY, W. SHERMAN		4.2 NAME		
STREET ADDRESS	4211 NORBOURNE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GETTIER, JR. G HOWARD		5.2 NAME		
STREET ADDRESS	500 NORTH AKARD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TE		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PIMSNER, RICHARD P		6.2 NAME		
STREET ADDRESS	500 NORTH AKARD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TE		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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 April 9, 1996 214-954-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #