

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10: 15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 819103 (3)
1. Corporation Name
AMERICAN MODERN LIFE INSURANCE COMPANY

Principal Place of Business
**537 EAST PETE ROSE WAY
CINCINNATI OH 45202**

Mailing Address
**P.O. BOX 5323
CINCINNATI OH 45201-5323**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/21/1965** 3a. Date of Last Report **04/25/1994**

4. FEI Number **86-6052181** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DEV**
NAME **CONATON, MICHAEL J**
STREET ADDRESS **701 RIESLING KNOLL**
CITY-ST-ZIP **CINCINNATI, OH 0**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **CEOC**
NAME **HAYDEN, JOSEPH P, JR**
STREET ADDRESS **775 WATCH POINT DR**
CITY-ST-ZIP **CINCINNATI, OH 0**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **SVD**
NAME **LABAR, JOHN R**
STREET ADDRESS **7308 RIVERBY ROAD**
CITY-ST-ZIP **CINCINNATI, OH 0**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **P**
NAME **ROHS, THOMAS J.**
STREET ADDRESS **692 HIDDEN GLEN DR**
CITY-ST-ZIP **CINCINNATI OH**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VT**
NAME **VON LEHMAN, JOHN**
STREET ADDRESS **10340 CARRIAGE TRAIL**
CITY-ST-ZIP **CINCINNATI, OHIO 00000**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **SEV**
NAME **HAYDEN, JOHN WEBER**
STREET ADDRESS **295 SUNNY ACRES DRIVE**
CITY-ST-ZIP **CINCINNATI OH**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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 110.07(3)(b), 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: X

James P. Tierney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

DATE

(Type in Block 13)