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 # **819103** **(3)**

1. Corporation Name

AMERICAN MODERN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
537 EAST PETE ROSE WAY CINCINNATI OH 45202	P.O. BOX 5323 CINCINNATI OH 45201-5323

3. Date Incorporated or Qualified: **10/21/1965**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21 7000 MIDLAND BLVD
22 Suite, Apt. #, etc.
23 City & State: AMELIA, OHIO
24 Zip: 45102
25 Country: CLERMONT

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CONATON, MICHAEL J		1.2 NAME	
STREET ADDRESS	701 RIESLING KNOLL		1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 0		1.4 CITY-ST-ZIP	
TITLE	CEOC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROHS, THOMAS J		2.2 NAME	
STREET ADDRESS	692 HIDDEN GLEN DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP	
TITLE	PCOD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYDEN, JOHN WEBER		3.2 NAME	
STREET ADDRESS	295 SUNNY ACRES DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 0		3.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FLOWERS, MICHAEL		4.2 NAME	
STREET ADDRESS	537 E PETE ROSE WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TIERNY, JAMES		5.2 NAME	
STREET ADDRESS	537 E PETE ROSE WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OHIO 00000		5.4 CITY-ST-ZIP	
TITLE	EVD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOBERG, KENNETH		6.2 NAME	
STREET ADDRESS	537 PETE ROSE WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		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)(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: James P. Tierny 4/25/96 513-943-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #