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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
7000 MIDLAND BLVD AMELIA OH 45102 US	P.O. BOX 5323 CINCINNATI OH 45201-5323

3. Date Incorporated or Qualified: 10/21/1965
3a. Date of Last Report: 05/01/1996

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DEV	☐ DELETE	1.1 TITLE	V/D	☒ 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	C/D	☒ 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	P/COO	☒ Change ☐ Addition
NAME	HAYDEN, JOHN WEBER		3.2 NAME	SCHWAMBERGER, KURT R.	
STREET ADDRESS	295 SUNNY ACRES DR		3.3 STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	CINCINNATI, OH 0		3.4 CITY-ST-ZIP	AMELIA, OHIO 45102	
TITLE	VS	☐ DELETE	4.1 TITLE	V/S	☒ Change ☐ Addition
NAME	FLOWERS, MICHAEL		4.2 NAME		
STREET ADDRESS	537 E PETE ROSE WAY		4.3 STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP	AMELIA, OHIO 45102	
TITLE	VT	☐ DELETE	5.1 TITLE	V/T	☒ Change ☐ Addition
NAME	TIERNY, JAMES		5.2 NAME		
STREET ADDRESS	537 E PETE ROSE WAY		5.3 STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	CINCINNATI, OHIO 00000		5.4 CITY-ST-ZIP	AMELIA, OHIO 45102	
TITLE	EVD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	BOBERG, KENNETH		6.2 NAME		
STREET ADDRESS	537 PETE ROSE WAY		6.3 STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST-ZIP	AMELIA, OH. 45102	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: X James P. Tierney JAMES P. TIERNEY 4/18/97 513-943-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478560