2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90321 045 ***150.00

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1. Entity 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

04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-6052181
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	HILLIARD, ROBERT E
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	CPCO
NAME	HAYDEN, JOSEPH P
STREET ADDRESS	7000 MIDLAND BLVD
CITY-ST-ZIP	AMELIA, OH
TITLE	V
NAME	MAY, FRANK J
STREET ADDRESS	7000 MIDLAND BLVD
CITY-ST-ZIP	AMELIA, OH
TITLE	VS
NAME	FLOWERS, MICHAEL
STREET ADDRESS	7000 MIDLAND BLVD
CITY-ST-ZIP	AMELIA, OH
TITLE	VT
NAME	TIERNY, JAMES
STREET ADDRESS	7000 MIDLAND BLVD
CITY-ST-ZIP	AMELIA, OH
TITLE	EVD
NAME	BOBERG, KENNETH
STREET ADDRESS	700 MIDLAND BLVD
CITY-ST-ZIP	AMELIA, OH

DO NOT WRITE IN THIS SPACE

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James P. Tierny 4/26/04 (513) 947-5289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #