FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90092 002 ***150.00

DOCUMENT # 853127

Principal Place of Business

ANNUITY INVESTORS LIFE INSURANCE COMPANY

250 EAST FIFTH STREET CINCINATI OH 45202 US		250 EAST FIFTH STREET CINCINATI OH 45202 US				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 06/11/1982	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For 31-1021738 Not Applied	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required	
City & State		City & State	~ ~			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 30	· ·			8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	\dashv
QTA1	TE INSURANCE COMMISSIONER			81	Name	9	
THE	CAPITOL			82	Street Address (P.O. Box Number is Not Acceptable)		
IALL	AHASSEE FL 32301			83			
				- 1	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			\gent :	signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	, -
12.	PD OFFICERS AND	DELETE	13.	F.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ì	ADAMS, ROBERT A						ĺ
NAME STREET ADDRESS	250 E. FIFTH STREET		1.2 NAME 1.3 STREET ADDRESS		AUDBEGG		
	CINCINATI OH 45202			1.4 CITY-ST-ZIP			- }
CITY-ST-ZIP TITLE	7 DELETE			2.1 TITLE		☐ Change ☐ Add	lition
NAME	ALLEN, ROBERT E		2.2 NAME		}		-
STREET ADDRESS	250 E. FIFTH STREET		2.3 STREET ADDRESS (ADDRESS (- {
CITY-ST-ZIP	CINCINATI OH 45202		2.4 CTTY-ST-ZIP		1		-
TITLE	S DELETE			3.1 TITLE		☐ Change ☐ Add	lition
NAME.	KASPROWICZ, BETTY M		3.2 NAME				Ì
STREET ADORESS	250 E. FIFTH STREET		3.3 STREET ADDRESS		ADDRESS		- 1
CITY-ST-ZIP	CINCINATI OH 45202		3.4. CITY-ST-ZIP		-ZIP		
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NAME	Laswell, Lynn e		4, 2 NA	ME			ſ
STREET ADDRESS	250 E. FIFTH STREET		4.3 STF	REET/	ADDRESS		
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STREET ADDRESS			5.3 STREET ADDRESS		- 1		- 1
CITY-ST-ZIP	500 TO 10 TO			TY-ST-ZIP			
TITLE				TILE		☐ Change ☐ Ado	lition (
NAME.	MANEY, WILLIAM J		6.2 NAM				}
STREET ADDRESS	250 E. FIFTH STREET				ADDRESS		- 1
CITY-ST-ZIP CINCINATI OH 45202				Y-ST-		His Coation 440 07/20/3 Florida Statuton I further continue 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

4/22/99

(513) 357-3300