

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853127

1. Entity Name

ANNUITY INVESTORS LIFE INSURANCE COMPANY

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90152 001 ***550.00

Principal Place of Business

250 EAST FIFTH STREET
CINCINATI OH 45202
US

Mailing Address

250 EAST FIFTH STREET
CINCINATI OH 45202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1021738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ADAMS, ROBERT A
STREET ADDRESS 250 E. FIFTH STREET
CITY-ST-ZIP CINCINATI OH 45202 ☒ Delete

TITLE PD
NAME Schepher, Charles R
STREET ADDRESS 250 E. Fifth Street
CITY-ST-ZIP Cincinnati, OH 45202 ☐ Change ☒ Addition

TITLE S
NAME KASPROWICZ, BETTY M
STREET ADDRESS 250 E. FIFTH STREET
CITY-ST-ZIP CINCINATI OH 45202 ☒ Delete

TITLE SD
NAME Muething, Mark F
STREET ADDRESS 250 E. Fifth Street
CITY-ST-ZIP Cincinnati, OH 45202 ☐ Change ☒ Addition

TITLE V
NAME LASWELL, LYNN E
STREET ADDRESS 250 E. FIFTH STREET
CITY-ST-ZIP CINCINATI OH 45202 ☒ Delete

TITLE V/T
NAME Wilson, Wendy L.
STREET ADDRESS 250 E. Fifth Street
CITY-ST-ZIP Cincinnati, OH 45202 ☐ Change ☒ Addition

TITLE VD
NAME MORTENSEN, JAMES M
STREET ADDRESS 250 E. FIFTH STREET
CITY-ST-ZIP CINCINATI OH 45202 ☒ Delete

TITLE V
NAME Granieri, Vincent J.
STREET ADDRESS 250 E. Fifth Street
CITY-ST-ZIP Cincinnati, OH 45202 ☐ Change ☒ Addition

TITLE VD
NAME MANEY, WILLIAM J
STREET ADDRESS 250 E. FIFTH STREET
CITY-ST-ZIP CINCINATI OH 45202 ☐ Delete

TITLE V
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Liquzinski, Thomas K
STREET ADDRESS 250 E. Fifth Street
CITY-ST-ZIP Cincinnati, OH 45202 ☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wendy L. Wilson

Wendy L. Wilson

(513) 357-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (3/00)