FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90084 046 ***150.00

DOCUMENT # 853127

1. Entity Name
Annuity Investors Life Insurance Company

40089905

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
580 Walnut Street	Post Office Box 5423
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cincinnati, OH	City & State: CINCINNATI, OH
Zip: 45202 Country:	Zip: 45201-5423 Country:

4. FEI Number: 31-1021738 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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. 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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED LIST OF OFFICERS & DIR.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: William C. Ellis 5-1-2006 (513) 357-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400899905

FLORIDA #853127

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FEIN # 31-1021738

ANNUITY INVESTORS LIFE INSURANCE COMPANY (93661)
LIST OF GENERAL OFFICERS
December 31, 2005

		OFFICERS	DIRECTORS
Pres/Dir.		Charles R. Scheper	Stephen C.Lindner
Secr./Dir.		Mark F. Muething	Christopher P Miliano
Treasurer		Richard L. Magoteaux	Michael J. Prager
Actuary	#	Richard D. Crago	
Sr. VP		Mathew T. Dutkiewicz	
Sr. VP		Adrienne S. Kessling	
VP		Catherine A. Crume	
VP		John P. Gruber	
VP		James L. Henderson	
VP		John P. O'Shaughnessy	

The address for all of the above is: 250 East Fifth Street
Cincinnati, Ohio 45202
(513) 357-3300
(800) 854-3649

or

525 Vine Street
Cincinnati, OH 45202
(513) 357-3300
(800) 854-3649

# Indicates New Officer