

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853127

FILED
Apr 03, 2012
Secretary of State

Entity Name: ANNUITY INVESTORS LIFE INSURANCE COMPANY

Current Principal Place of Business:

525 VINE STREET
CINCINATI, OH 45202 US

New Principal Place of Business:

301 EAST 4TH STREET
CINCINATI, OH 45202 US

Current Mailing Address:

PO BOX 5423
CINCINNATI, OH 452015423 US

New Mailing Address:

FEI Number: 31-1021738 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: LINDNER, STEPHEN C
Address: 301 EAST 4TH STREET
City-St-Zip: CINCINATI, OH 45202

Title: EVP
Name: MUETHING, MARK F
Address: 301 EAST 4TH STREET
City-St-Zip: CINCINATI, OH 45202

Title: D
Name: MICHAEL, PRAGER J
Address: 301 EAST 4TH STREET
City-St-Zip: CINCINATI, OH 45202

Title: EVP
Name: MILIANO, CHRISTOPHER P
Address: 301 EAST 4TH STREET
City-St-Zip: CINCINATI, OH 45202

Title: D
Name: HESTER, JEFFREY G
Address: 301 EAST 4TH STREET
City-St-Zip: CINCINATI, OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C ELLIS - ASST. TREASURER

AVP

04/03/2012

Electronic Signature of Signing Officer or Director

Date