2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91419 030 ***150.00

064043 AT

DOCUMENT # 853127

1. Entity Name
ANNUITY INVESTORS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
250 EAST FIFTH STREET CINCINATI OH 45202 US	PO BOX 5420 CINCINNATI OH 45201-5420 US

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP SUTTON, RICHARD L 250 E. FIFTH STREET CINCINATI OH 45202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUETHING, MARK F 250 E. FIFTH STREET CINCINATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CAPRIO, TERESA C 250 E. FIFTH STREET CINCINATI OH 45202	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T MAGOTEAUX, RICHARD L. 250 E. FIFTH STREET CINCINNATI, OH 45202	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MILIANO, CHRISTOPHER P 250 E. FIFTH STREET CINCINATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANEY, WILLIAM J 250 E. FIFTH STREET CINCINATI OH 45202	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICH, DAVID B. 250 E. FIFTH STREET CINCINNATI, OH 45202	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHEPER, CHARLES 250 E FIFTH STREET CINCINATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] REQUIRED — 4/24/03 — (513) 357-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard L. Magoteaux