# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:50

DOCUMENT # **P24430** **(1)**

1. Corporation Name

**MODERN INCOME LIFE INSURANCE COMPANY, INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 4808 NORTH 22ND STREET<br>PHOENIX AZ 85016 | 4808 NORTH 22ND STREET<br>PHOENIX AZ 85016 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1989
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 4343 E. Camelback Road
22 Suite, Apt. #, etc
23 City & State: Phoenix, AZ
24 Zip: 85018-2700 25 Country: U.S.A.

2a. Mailing Address
26 4343 E. Camelback Road
27 Suite, Apt. #, etc.
28 City & State: Phoenix, AZ
29 Zip: 85018-2700 30 Country: U.S.A.

4. FEI Number: 43-0630597 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | LONDEN, THOMAS | 12 NAME | |
| STREET ADDRESS | 4808 N. 22ND STREET | 13 STREET ADDRESS | 4343 E. Camelback Road |
| CITY-ST-ZIP | PHOENIX AZ | 14 CITY-ST-ZIP | Phoenix AZ 85018-2700 |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SCHUNEMAN, LARRY R | 22 NAME | |
| STREET ADDRESS | 4808 N. 22ND STREET | 23 STREET ADDRESS | 4343 E. Camelback Road |
| CITY-ST-ZIP | PHOENIX AZ | 24 CITY-ST-ZIP | Phoenix, AZ 85018-2700 |
| TITLE | V | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SAXBY, KERRY ANNE | 32 NAME | |
| STREET ADDRESS | 4808 N. 22ND STREET | 33 STREET ADDRESS | 4343 E. Camelback Road |
| CITY-ST-ZIP | PHOENIX AZ | 34 CITY-ST-ZIP | Phoenix, AZ 85018-2700 |
| TITLE | STD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | LATHROP, DEAN A. | 42 NAME | |
| STREET ADDRESS | 4808 N. 22ND STREET | 43 STREET ADDRESS | 4343 E. Camelback Road |
| CITY-ST-ZIP | PHOENIX AZ | 44 CITY-ST-ZIP | Phoenix, AZ 85018-2700 |
| TITLE | DC | 51 TITLE | ☐ Change ☐ Addition |
| NAME | LONDEN, JACK | 52 NAME | |
| STREET ADDRESS | 4808 N. 22ND STREET | 53 STREET ADDRESS | 4343 E. Camelback Road |
| CITY-ST-ZIP | PHOENIX AZ | 54 CITY-ST-ZIP | Phoenix, AZ 85018-2700 |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | LONDEN, DORIS M. | 62 NAME | |
| STREET ADDRESS | 4808 N. 22ND STREET | 63 STREET ADDRESS | 4343 E. Camelback Road |
| CITY-ST-ZIP | PHOENIX AZ | 64 CITY-ST-ZIP | Phoenix, AZ 85018-2700 |

PREPUNCHED BY MAY 95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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, or on an attachment with an address.

**SIGNATURE:** Jerry L. Chaney 4-26-95 (602) 957-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470404 FP