

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90161 012 ***150.00

A0046516



DO NOT WRITE IN THIS SPACE

DOCUMENT # 819103

1. Entity Name
AMERICAN MODERN LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
MIDLAND BLVD P.O. BOX 5323
OH 45102 CINCINNATI OH 45201-5323

2. Principal Place of Business		3. Mailing Address		4. FEI Number 86-6052181		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONATON, MICHAEL J	NAME	
STREET ADDRESS	701 RIESLING KNOLL	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 0	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	C P COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, JOSEPH P	NAME	
STREET ADDRESS	7000 MIDLAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	AMELIA OH	CITY-ST-ZIP	
TITLE	PCOO <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWAMBERGER, KURT R	NAME	MAY, FRANK J
STREET ADDRESS	7000 MIDLAND BLVD	STREET ADDRESS	7000 MIDLAND BLVD
CITY-ST-ZIP	AMELIA OH	CITY-ST-ZIP	AMELIA, OH
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, MICHAEL	NAME	
STREET ADDRESS	7000 MIDLAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	AMELIA OH	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERNY, JAMES	NAME	
STREET ADDRESS	7000 MIDLAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	AMELIA OH	CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBERG, KENNETH	NAME	
STREET ADDRESS	700 MIDLAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	AMELIA OH	CITY-ST-ZIP	

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: JAMES P. TIERNEY **JAMES P. TIERNEY** 4/18/00 513-943-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)