2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#819103

FILED May 01, 2007 Secretary of State

Entity Name: AMERICAN MODERN LIFE INSURANCE COMPANY

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
7000 MIDL AMELIA, C	AND BLVD DH 45102 US	3				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX S CINCINNA	5323 .TI, OH 452015:	323				
FEI Number:	86-6052181	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
P O BOX 6 200 E. GAI	IANCIAL OFFIC 3200 (32314-620 INES ST SSEE, FL 3239	00)				
	named entity su e of Florida.	ubmits this statement for the po	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUF						
	Electronic	Signature of Registered Age	nt	Date		
Election Can		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	·	e. IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SVP () I GRAY, WILLIAM 7000 MIDLAND E AMELIA, OH 45	BLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CPCO () I HAYDEN, JOSEF 7000 MIDLAND E AMELIA, OH 45	BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V () [MAY, FRANK J 7000 MIDLAND E AMELIA, OH 45		Title: Name: Address: City-St-Zip:	T (X) Change () Addition MCCONNELL, MATTHEW J 7000 MIDLAND BLVD AMELIA, OH 45102		
Title: Name: Address: City-St-Zip:	VS ()[FLOWERS, MICI 7000 MIDLAND E AMELIA, OH 45	BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SVPT () I TIERNY, JAMES 7000 MIDLAND E AMELIA, OH 45		Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition TIERNY, JAMES 7000 MIDLAND BLVD AMELIA, OH 45102		
Title: Name: Address: City-St-Zip:	SVPD ()[VON LEHMAN, J 700 MIDLAND BI AMELIA, OH 45	_VD	Title: Name: Address: City-St-Zip:	() Change () Addition		

Statutes. I further 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 an address, with all other like empowered.

SIGNATURE:	JAMES P. TIERNEY	SVP	05/01/2007
	Electronic Signature of Signing Officer or Director		Date