

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819103

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** AMERICAN MODERN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

7000 MIDLAND BLVD  
AMELIA, OH 45102 US

**New Principal Place of Business:**

400 ROBERT STREET NORTH  
ST. PAUL, MN 55101 US

**Current Mailing Address:**

P.O. BOX 5323  
CINCINNATI, OH 452015323

**New Mailing Address:**

400 ROBERT STREET NORTH  
ST. PAUL, MN 55101 US

**FEI Number:** 86-6052181

**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: PRES  
Name: HILGER, CHRISTOPHER M  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 55101

Title: SEC  
Name: GELDERNICK, MARK J  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 55101

Title: TRES  
Name: LEPLAVY, DAVID J  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 55101

Title: ASEC  
Name: CZARNETZKI, DEAN F  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 55101

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: DEAN F. CZARNETZKI

ASEC

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date