

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063699

FILED
Apr 21, 2006
Secretary of State

Entity Name: AMERICAN MODERN INSURANCE COMPANY OF FLORIDA, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-2769607

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 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYDEN, JOHN W
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: D () Delete
Name: HAYDEN, JOSEPH P III
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: D () Delete
Name: GELTER, PAUL F
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: D () Delete
Name: VON LEHMAN, JOHN I
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: D () Delete
Name: BRIZZOLARA, PAUL T
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPT () Change (X) Addition
Name: TIERNEY, JAMES P
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida 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

SVPT

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date