

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063699

FILED
Apr 25, 2011
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:

1301 RIVERPLACE BLVD
1300
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 5323
CINCINNATI, OH 45201

New Mailing Address:

FEI Number: 20-2769607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: KUCZINSKI, ANTHONY J
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: SVP
Name: KAMMERLOHR, JURGEN E
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: T
Name: MCCONNELL, MATTHEW J
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: VP/S
Name: FLOWERS, MICHAEL L
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: PRES
Name: GRAY, WILLIAM T
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: SVP
Name: TIERNEY, JAMES P
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

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: JAMES P. TIERNEY

SVP

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date