

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853127

**Entity Name:** ANNUITY INVESTORS LIFE INSURANCE COMPANY**Current Principal Place of Business:**301 EAST 4TH STREET  
CINCINATI, OH 45202**Current Mailing Address:**PO BOX 5423  
CINCINNATI, OH 45201-5423 US**FEI Number:** 31-1021738**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
LARSON BUILDING  
TALLAHASSEE, FL 32399-0300 US*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

**Officer/Director Detail :**

Title PRESIDENT & ASST. SECRETARY  
Name MUETHING, MARK F  
Address 301 EAST 4TH STREET  
City-State-Zip: CINCINATI OH 45202

Title DIRECTOR  
Name MICHAEL, PRAGER J  
Address 301 EAST 4TH STREET  
City-State-Zip: CINCINATI OH 45202

Title EVP/CFO/TREASURER  
Name MILIANO, CHRISTOPHER P  
Address 301 EAST 4TH STREET  
City-State-Zip: CINCINATI OH 45202

Title DIRECTOR  
Name HESTER, JEFFREY G  
Address 301 EAST 4TH STREET  
City-State-Zip: CINCINATI OH 45202

Title VP  
Name SPONAUGLE, BRIAN P  
Address 301 EAST 4TH STREET  
City-State-Zip: CINCINATI OH 45202

Title SVP/GC/SECRETARY & CHIEF COMPLIANCE OFFICER  
Name GRUBER, JOHN P  
Address 301 EAST 4TH STREET  
City-State-Zip: CINCINATI OH 45202

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:** MARK F. MUETHING

PRESIDENT

03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date