

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90321 045 ***150.00

DOCUMENT # 819103

1. Entity Name
AMERICAN MODERN LIFE INSURANCE COMPANY



Principal Place of Business
**7000 MIDLAND BLVD
AMELIA, OH 45102 US**

Mailing Address
**P.O. BOX 5323
CINCINNATI, OH 45201-5323**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
86-6052181

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
HILLIARD, ROBERT E
7000 MIDLAND BLVD.
AMELIA, OH 45102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPCO
HAYDEN, JOSEPH P
7000 MIDLAND BLVD
AMELIA, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MAY, FRANK J
7000 MIDLAND BLVD
AMELIA, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
FLOWERS, MICHAEL
7000 MIDLAND BLVD
AMELIA, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
TIERNY, JAMES
7000 MIDLAND BLVD
AMELIA, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
BOBERG, KENNETH
700 MIDLAND BLVD
AMELIA, OH**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

James P. Tierney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (513) 947-5289
Date Daytime Phone #