


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90563 049 ***150.00

DOCUMENT # 819103
 1. Entity Name
AMERICAN MODERN LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
7000 MIDLAND BLVD **P.O. BOX 5323**
AMELIA, OH 45102 US **CINCINNATI, OH 45201-5323**

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-6052181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

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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 **JAMES P. TIERNEY** 4/21/2005 (513) 947-5289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #