

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 819103 (3)**  
1. Corporation Name  
**AMERICAN MODERN LIFE INSURANCE COMPANY**



Principal Place of Business <b>7000 MIDLAND BLVD AMELIA OH 45102 US</b>	Mailing Address <b>P.O. BOX 5323 CINCINNATI OH 45201-5323</b>
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3. Date Incorporated or Qualified <b>10/21/1965</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>86-6052181</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEV <input type="checkbox"/> DELETE	1.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONATON, MICHAEL J</b>	1.2 NAME	
STREET ADDRESS	<b>701 RIESLING KNOLL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CINCINNATI, OH 0</b>	1.4 CITY - ST - ZIP	
TITLE	CEOC <input type="checkbox"/> DELETE	2.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHS, THOMAS J</b>	2.2 NAME	
STREET ADDRESS	<b>692 HIDDEN GLEN DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	2.4 CITY - ST - ZIP	
TITLE	PCOD <input type="checkbox"/> DELETE	3.1 TITLE	<b>P/C00</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYDEN, JOHN WEBER</b>	3.2 NAME	<b>SCHWAMBERGER, KURT R.</b>
STREET ADDRESS	<b>295 SUNNY ACRES DR</b>	3.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
CITY - ST - ZIP	<b>CINCINNATI, OH 0</b>	3.4 CITY - ST - ZIP	<b>AMELIA, OHIO 45102</b>
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<b>V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOWERS, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>537 E PETE ROSE WAY</b>	4.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>	4.4 CITY - ST - ZIP	<b>AMELIA, OHIO 45102</b>
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<b>V/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIERNY, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>537 E PETE ROSE WAY</b>	5.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
CITY - ST - ZIP	<b>CINCINNATI, OHIO 00000</b>	5.4 CITY - ST - ZIP	<b>AMELIA, OHIO 45102</b>
TITLE	EVD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOBERG, KENNETH</b>	6.2 NAME	
STREET ADDRESS	<b>537 PETE ROSE WAY</b>	6.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>	6.4 CITY - ST - ZIP	<b>AMELIA, OH 45102</b>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *James P. Tierney* **JAMES P. TIERNEY** 4/18/97 513.943.7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)