

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90161 012 ***150.00

A0046516



DO NOT WRITE IN THIS SPACE

DOCUMENT # 819103

1. Entity Name
AMERICAN MODERN LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
 MIDLAND BLVD P.O. BOX 5323
 OH 45102 CINCINNATI OH 45201-5323

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **86-6052181** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONATON, MICHAEL J	
STREET ADDRESS	701 RIESLING KNOLL	
CITY-ST-ZIP	CINCINNATI, OH 0	
TITLE	C	<input type="checkbox"/> Delete
NAME	HAYDEN, JOSEPH P	
STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	AMELIA OH	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete
NAME	SCHWAMBERGER, KURT R	
STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	AMELIA OH	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FLOWERS, MICHAEL	
STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	AMELIA OH	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TIERNY, JAMES	
STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	AMELIA OH	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	BOBERG, KENNETH	
STREET ADDRESS	700 MIDLAND BLVD	
CITY-ST-ZIP	AMELIA OH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C P COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, FRANK J	
STREET ADDRESS	7000 MIDLAND BLVD	
CITY-ST-ZIP	AMELIA, OH	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James P. Tierney **JAMES P. TIERNEY** Date 4/18/00 Daytime Phone # 513-943-7200

CR2E034 (9/99)