SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01364** **(9)**

1. Corporation Name
AMERICAN MEMORIAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
440 MT. RUSHMORE ROAD P O BOX 2730 RAPID CITY SD 57709	440 MT. RUSHMORE ROAD P O BOX 2730 RAPID CITY SD 57709

3. Date Incorporated or Qualified: **03/27/1984**
3a. Date of Last Report: **03/01/1995**

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

4. FEI Number: **46-0260270** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable. (If FL Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	Chairman	☐ Change ☒ Addition
NAME	RAKICH, ROBERT T		1.2 NAME	Robert A. Adams	
STREET ADDRESS	640 LEE ROAD, STE. 303		1.3 STREET ADDRESS	250 East Fifth Street	
CITY-ST-ZIP	WAYNE PA		1.4 CITY-ST-ZIP	Cincinnati, Ohio 45201	
TITLE	PD	☐ DELETE	2.1 TITLE	President & Director	☒ Change ☐ Addition
NAME	STREETMAN, JOHN A		2.2 NAME	John A. Streetman	
STREET ADDRESS	1255 ROBERTS BLVD., STE. 206		2.3 STREET ADDRESS	1201 Roberts Boulevard, Suite 240	
CITY-ST-ZIP	KENNESAW GA		2.4 CITY-ST-ZIP	Kennesaw, Georgia 30144	
TITLE	VD	☐ DELETE	3.1 TITLE	Treasurer & Director	☐ Change ☒ Addition
NAME	WADE, JOHN E		3.2 NAME	Craig A. Yopp	
STREET ADDRESS	440 MT RUSHMORE ROAD		3.3 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP	RAPID CITY SD		3.4 CITY-ST-ZIP	Rapid City, South Dakota 57701	
TITLE	TDV	☒ DELETE	4.1 TITLE	Secretary & Director	☒ Change ☐ Addition
NAME	KOCH, BERNHARD M		4.2 NAME	William T. Gaynor, Jr.	
STREET ADDRESS	640 LEE ROAD, STE. 303		4.3 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP	WAYNE PA		4.4 CITY-ST-ZIP	Rapid City, South Dakota 57701	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRICKETT, ROBERT W		5.2 NAME		
STREET ADDRESS	440 MT RUSHMORE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	RAPID CITY SD		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAYNOR, WILLIAM T JR		6.2 NAME		
STREET ADDRESS	440 MT RUSHMORE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	RAPID CITY SD		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T. Gaynor, Jr. **JUN 11 1996** 605-348-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary