

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01364 (9)
1. Corporation Name
AMERICAN MEMORIAL LIFE INSURANCE COMPANY

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

Mailing Address
440 MT. RUSHMORE ROAD
P O BOX 2730
RAPID CITY SD 57709



DO NOT WRITE IN THIS SPACE

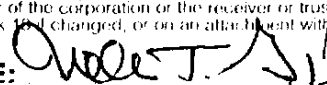
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1984	
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 46-0260270	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ROBERT A	1.2 NAME	
STREET ADDRESS	250 E 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	STREETMAN, JOHN A	2.2 NAME	
STREET ADDRESS	1201 ROBERTS BLVD STE 240	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WADE, JOHN E	3.2 NAME	
STREET ADDRESS	440 MT RUSHMORE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RAPID CITY SD	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	YOPP, CRAIG A	4.2 NAME	
STREET ADDRESS	440 MT RUSHMORE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RAPID CITY SD	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	BICKETT, 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	SD	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	

14. 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 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, changed, or on an attachment with an address.

SIGNATURE:  FEB 13 1998 605-348-1262

CR2E034 (10/97)