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

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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1984

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
46-0260270
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc
22

Suite, Apt. #, etc
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☒ DELETE	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	☐ 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 (10/97)

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 if changed, or on an attachment with an address.

SIGNATURE: Robert T. Gaynor Jr. William T. Gaynor Jr. FEB 13 1998 605-348-1262