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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90109 005 ***150.00

DOCUMENT # **P01364**

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)

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. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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	C/D	☐ Change ☒ Addition
NAME	ADAMS, ROBERT A		1.2 NAME	Cauthen, Gregory L.	
STREET ADDRESS	250 E 5TH ST		1.3 STREET ADDRESS	1920 Allen Parkway	
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP	Houston, TX 77019	
TITLE	PD	☒ DELETE	2.1 TITLE	VC	☒ Change ☐ Addition
NAME	STREETMAN, JOHN A		2.2 NAME	Streetman, John A.	
STREET ADDRESS	1201 ROBERTS BLVD STE 240		2.3 STREET ADDRESS	1201 Roberts Boulevard, Suite 240	
CITY-ST-ZIP	KENNESAW GA		2.4 CITY-ST-ZIP	Kennesaw, GA 30144	
TITLE	VD	☒ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	WADE, JOHN E		3.2 NAME	Wade, John E.	
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, SD 57701	
TITLE	TD	☐ DELETE	4.1 TITLE	V/A/D	☐ Change ☒ Addition
NAME	YOPP, CRAIG A		4.2 NAME	Lister, David H.	
STREET ADDRESS	440 MT RUSHMORE RD		4.3 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP	RAPID CITY SD		4.4 CITY-ST-ZIP	Rapid City, SD 57701	
TITLE	SD	☒ DELETE	5.1 TITLE	SVP/GC/S/D	☐ Change ☒ Addition
NAME	GAYNOR, WILLIAM T JR		5.2 NAME	McGuire, Matthew F.	
STREET ADDRESS	440 MT RUSHMORE ROAD		5.3 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP	RAPID CITY SD		5.4 CITY-ST-ZIP	Rapid City, SD 57701	
TITLE		☐ DELETE	6.1 TITLE	AVP/CON/D	☐ Change ☒ Addition
NAME			6.2 NAME	Soulek, Richard D.	
STREET ADDRESS			6.3 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Rapid City, SD 57701	

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CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED January 22, 1999 605-348-1262 ext.3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Matthew F. McGuire

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PROFIT CORPORATION ANNUAL REPORT 1999
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
440 MT. RUSHMORE ROAD
RAPID CITY, SD 57701

(continued)

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D Davis, Brian E. 1029 Allen Parkway Houston, TX 77019	☐ Change	☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VC/CEO/D Jones, Frank C. 1929 Allen Parkway Houston, TX 77019	☐ Change	☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	AVP/AS Couch, J. Christopher 1929 Allen Parkway Houston, TX 77019	☐ Change	☒ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP McCormick, Mary I. 440 Mt. Rushmore Road Rapid City, SD 57701	☐ Change	☒ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change	☐ Addition

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