2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01364

1. Entity 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

04162004 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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. I am familiar with, and accept the obligations of registered agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000155226
05/05/04-80029-001 300.00

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	FEAGIN, ALAN W
STREET ADDRESS	10 GLENLAKE PARKWAY NE # 500
CITY-ST-ZIP	ATLANTA, GA 303283473
TITLE	COBD
NAME	POLLOCK, ROBERT B
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	PD
NAME	WADE, JOHN E
STREET ADDRESS	440 MT RUSHMORE ROAD
CITY-ST-ZIP	RAPID CITY, SD 57701
TITLE	VTD
NAME	YOPP, CRAIG A
STREET ADDRESS	440 MT RUSHMORE RD
CITY-ST-ZIP	RAPID CITY, SD 57701
TITLE	AVPA
NAME	WHITING, KELLY J
STREET ADDRESS	440 MT RUSHMORE RD
CITY-ST-ZIP	RAPID CITY, SD 57701
TITLE	SVGD
NAME	MCGUIRE, MATTHEW F
STREET ADDRESS	440 MT RUSHMORE RD
CITY-ST-ZIP	RAPID CITY, SD 57701

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-16-04 (605) 719-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #