2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01364

FILED Apr 02, 2009 Secretary of State

Entity Name: AMERICAN MEMORIAL LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business: 440 MT. RUSHMORE ROAD RAPID CITY, SD 57709 **Current Mailing Address: New Mailing Address:** 440 MT. RUSHMORE ROAD P O BOX 2730 RAPID CITY, SD 57709 FEI Number: 46-0260270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete Title: () Change () Addition REZNYK, CHRISTOPHER Name: Name: 11222 QUAIL ROOST DR Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ARAGON-CRUZ, JEANNIE Name: 11222 QUAIL ROO ST. DR. Address: Address: MIAMI, FL 33157 City-St-Zip: City-St-Zip: Title: Title: DTVP () Delete () Change () Addition NIX, KENNETH Name: Name: 260 INTERSTATE N. CIR. SE Address: Address: ATLANTA, GA 30339 City-St-Zip: City-St-Zip: Title: DVP () Delete Title: () Change () Addition WHITING, KELLY J Name: Name: Address: 440 MT RUSHMORE RD Address: City-St-Zip: RAPID CITY, SD 57701 City-St-Zip: Title: DSVP Title: () Delete () Change () Addition MCGUIRE, MATTHEW F Name: Name: 440 MT RUSHMORE RD Address: Address: City-St-Zip: RAPID CITY, SD 57701 City-St-Zip: Title: () Delete Title: VPD () Change (X) Addition Name: Name: HINNANT, JAMES 440 MT RUSHMORE RD Address: Address: City-St-Zip: City-St-Zip: RAPID CITY, SD 57701 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE ARAGON-CRUZ S 04/02/2009

Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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