2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01364

FILED Jan 07, 2011 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

in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCEO

Name: REZNYK, CHRISTOPHER Address: 11222 QUAIL ROOST DR City-St-Zip: MIAMI, FL 33157

Title: S

Name: ARAGON-CRUZ, JEANNIE Address: 11222 QUAIL ROO ST. DR. City-St-Zip: MIAMI, FL 33157

Title: DTVP

Name: NIX, KENNETH

Address: 260 INTERSTATE N. CIR. SE

City-St-Zip: ATLANTA, GA 30339

Title: DVP

Name: WHITING, KELLY J Address: 440 MT RUSHMORE RD City-St-Zip: RAPID CITY, SD 57701

Title: DSVP

Name: MCGUIRE, MATTHEW F Address: 440 MT RUSHMORE RD City-St-Zip: RAPID CITY, SD 57701

Title:

Name: HOLLIBAUGH, GREGORY W Address: 440 MT RUSHMORE RD City-St-Zip: RAPID CITY, SD 57701

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

SIGNATURE: JEANNIE ARAGON-CRUZ S 01/07/2011