## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01364

FILED Jan 10, 2012 Secretary of State

Entity Name: AMERICAN MEMORIAL LIFE INSURANCE COMPANY

**New Principal Place of Business: Current 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

## **OFFICERS AND DIRECTORS:**

Title: **PCFO** 

Name: LEMASTERS, STEVEN C 260 INTERSTATE N CIRCLE SE Address:

City-St-Zip: ATLANTA, GA 30339

Title:

Name: ARAGON-CRUZ, JEANNIE 11222 QUAIL ROO ST. DR. Address:

MIAMI, FL 33157 City-St-Zip:

DTVP Title:

NIX, KENNETH Name:

260 INTERSTATE N. CIR. SE Address:

City-St-Zip: ATLANTA, GA 30339

Title: DVP

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

Title: DSVP

Name: MCGUIRE, MATTHEW F 440 MT RUSHMORE RD Address: 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 01/10/2012