

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215502875

1.) CORPORATION NAME:

**AMERICAN MEMORIAL LIFE INSURANCE COMPANY**

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0449415**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMV  | 10,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**SD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 MT RUSHMORE RD

CITY/ST/ZIP: RAPID CITY, SD 57701

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| NAME:           | TAMMY SCHULTZ        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT            |   |  |
| ADDRESS:        | 440 MT RUSHMORE ROAD |   |  |
| CITY/ST/ZIP/CO: | RAPID CITY, SD 57701 |   |  |

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| NAME:           | KELLY JAY WHITING    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT       |   |  |
| ADDRESS:        | 440 MT. RUSHMORE RD  |   |  |
| CITY/ST/ZIP/CO: | RAPID CITY, SD 57701 |   |  |

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| NAME:           | MATTHEW F MCGUIRE    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SVP/GC/ASST S        |   |  |
| ADDRESS:        | PO BOX 2730          |   |  |
| CITY/ST/ZIP/CO: | RAPID CITY, SD 57709 |   |  |

|                 |                         |   |                                   |
|-----------------|-------------------------|---|-----------------------------------|
| NAME:           | JEANNIE ARAGON-CRUZ     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY               |   |                                   |
| ADDRESS:        | 11122 QUAIL ROOST DRIVE |   |                                   |
| CITY/ST/ZIP/CO: | MIAMI, FL 33157         |   |                                   |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |   |                  |
|---|---|------------------|
| <u>/s/ JEANNIE ARAGON-CRUZ</u>                      | JEANNIE ARAGON-CRUZ,                          | <u>1/19/2015</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY<br>PRINTED NAME AND CORPORATE TITLE | DATE             |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.