

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819103

Entity Name: AMERICAN MODERN LIFE INSURANCE COMPANY

Current Principal Place of Business:

400 ROBERT STREET NORTH
ST. PAUL, MN 55101

Current Mailing Address:

400 ROBERT STREET NORTH
ST. PAUL, MN 55101 US

FEI Number: 86-6052181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title PRES
Name GOULD, WILLIAM MICHAEL
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title SEC
Name GELDERNICK, MARK J
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title TRES
Name LEPLAVY, DAVID J
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title ASEC
Name CZARNETZKI, DEAN F
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

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: DEAN CZARNETZKI

ASSISTANT SECRETARY 04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date