

**2017 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    03/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date