Instruction 1(b).

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT	OF CHANGES	IN BENEFICIAL

	OMB APPROVAL							
	OMB Number:	3235-0362						
ı	Estimated average b	urden						

_	ion 1(b). Holdings Repo	rted.	OWNERSHIP								hours per response: 1.0							
Form 4	Transactions F	Reported.	File	ed pursuant to or Sectior					ities Exchai ompany Act									
MATO' (Last)	d Address of VINA JO (Fir	est) (I	Middle)	AMER LIFE H	Statement for Issuer's Fiscal Year Ended (Mor						<u> </u>		k all app Direc	licable) tor er (give titl v)	10% Owner			er
(Street) WEST D MOINES (City)	IA		50266 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Line) X								Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed o	of, or	Benefici	ially	Owne	ed				
`` ' [2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Dispose	5. Amount of Securities Beneficially Owned at end of		es ally	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership		
							Amou	nt	(A) or (D)	A) or D) Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Common	Stock		03/06/2018			G		3	000	D	\$0		194	,890		D		
Common	Stock		03/19/2018			C	j	4	100	D	\$0		194,490 D					
Common	Stock										11,940(1)		940 ⁽¹⁾		I	By ESOP		
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	Expiration (Month/D writies alired or cosed or c		te Exercisable and ation Date th/Day/Year) Expiration cisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares		nt er		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature Indirect eneficial vnership estr. 4)

Explanation of Responses:

1. Reflects ESOP allocations that have occurred since the date of the reporting person's last ownership report.

Remarks:

Renee D. Montz, by Power of <u>Attorney</u>

02/12/2019

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.