

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 810980 (3)

1. Corporation Name

LOYAL AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

2800 DAUPHIN ST.  
MOBILE AL 36606

2800 DAUPHIN ST.  
MOBILE AL 36606

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/26/1964

3a. Date of Last Report

03/16/1995

4. FEI Number

63-0343428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAKICH, ROBERT T	1.2 NAME	Adams, Robert A.
STREET ADDRESS	466 INVERARAY	1.3 STREET ADDRESS	103 Hetherington Lane
CITY - ST - ZIP	VILLANOVA PA	1.4 CITY - ST - ZIP	Cincinnati, OH
TITLE	CFOT <input type="checkbox"/> DELETE	2.1 TITLE	Director, SrVP/CAO/CFOT/Trs. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPLES, W. RANDOLPH	2.2 NAME	
STREET ADDRESS	7340 CHERYL COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, N. O.	3.2 NAME	Tate, Jeffery S.
STREET ADDRESS	58 CLAIRISE CR.	3.3 STREET ADDRESS	3341 Parkhill Drive
CITY - ST - ZIP	MOBILE AL	3.4 CITY - ST - ZIP	Cincinnati, OH
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAULKNER, JAMES H. SR.	4.2 NAME	Maney II, William J.
STREET ADDRESS	705 EAST FIFTH ST.	4.3 STREET ADDRESS	7006 Sprucewood Court
CITY - ST - ZIP	BAY MINETTE AL	4.4 CITY - ST - ZIP	Cincinnati, OH
TITLE	PCOO <input type="checkbox"/> DELETE	5.1 TITLE	Director, Pres/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, R.M.	5.2 NAME	
STREET ADDRESS	7001 CHARLOTTE OAKS DR S	5.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	5.4 CITY - ST - ZIP	
TITLE	AVPS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, LARRY W	6.2 NAME	
STREET ADDRESS	117 DUNBAR LOOP	6.3 STREET ADDRESS	
CITY - ST - ZIP	DAPHNE AL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Larry W. Hughes*  
LARRY W. HUGHES, REGISTERED OFFICER OR DIRECTOR

2/28/96

334/470-6480

Date

Daytime Phone #

CR2E034 (12/95)