

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810980 (3)
1. Corporation Name
LOYAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business 2600 DAUPHIN ST. MOBILE AL 36606	Mailing Address 2600 DAUPHIN ST. MOBILE AL 36606-2400
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. # etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/26/1964	3a. Date of Last Report 03/05/1996
4. FEI Number 63-0343428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROBERT A	1.2 NAME	
STREET ADDRESS	103 HETHERINGTON LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	1.4 CITY - ST - ZIP	
TITLE	DVPC <input type="checkbox"/> DELETE	2.1 TITLE	<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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, N. Q.	3.2 NAME	DIRECTOR
STREET ADDRESS	58 CLAIRISE CR.	3.3 STREET ADDRESS	TATE, JEFFERY S.
CITY - ST - ZIP	MOBILE AL	3.4 CITY - ST - ZIP	5541 PARKHILL DRIVE CINCINNATI OH
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAULKNER, JAMES H. SR.	4.2 NAME	DIRECTOR
STREET ADDRESS	705 EAST FIFTH ST.	4.3 STREET ADDRESS	MANEY II, WILLIAM J.
CITY - ST - ZIP	BAY MINETTE AL	4.4 CITY - ST - ZIP	7006 SPRUCEWOOD COURT CINCINNATI OHIO
TITLE	PDCE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, R.M.	5.2 NAME	PRESIDENT
STREET ADDRESS	7001 CHARLOTTE OAKS DR S	5.3 STREET ADDRESS	CHAPEL, M. STEVEN
CITY - ST - ZIP	MOBILE AL	5.4 CITY - ST - ZIP	3 HETHERINGTON COURT CINCINNATI OHIO
TITLE	AVPS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, LARRY W	6.2 NAME	VICE PRESIDENT, SECRETARY
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **1/20/97** **334/470-6480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)