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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90081 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 810980

1. Corporation Name
LOYAL AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business	Mailing Address
525 VINE ST CINCINNATI OH 45202 US	580 WALNUT STREET 5TH FLOOR RECEIVING CINCINNATI OH 45202 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	08/26/1964	63-0343428	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 20th Floor	27	<input type="checkbox"/>	5.00 May Be Added to Fees	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country			
24	25	29	30	

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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, typed or printed name of registered agent and title if applicable.				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ROBERT A	1.2 NAME		
STREET ADDRESS	103 HETHERINGTON LANE	1.3 STREET ADDRESS	250 E. Fifth Street, 10th Floor	
CITY-ST-ZIP	CINCINNATI OH 45246	1.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	DVPC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAMPLES, W. RANDOLPH	2.2 NAME	Muething, Mark F.	
STREET ADDRESS	1075 ARBORWOOD COURT	2.3 STREET ADDRESS	250 E. Fifth Street, 10th Floor	
CITY-ST-ZIP	BATAVIA OH 45103	2.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TATE, JEFFERY S	3.2 NAME		
STREET ADDRESS	3341 PARKHILL DR	3.3 STREET ADDRESS	250 E. Fifth Street, 10th Floor	
CITY-ST-ZIP	CINCINNATI OH 45248	3.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANEY, WILLIAM II	4.2 NAME		
STREET ADDRESS	7006 SPRUCEWOOD CT	4.3 STREET ADDRESS	250 E. Fifth Street, 10th Floor	
CITY-ST-ZIP	CINCINNATI OH 45241	4.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVEN, CHAPEL M	5.2 NAME		
STREET ADDRESS	3 HETHERINGTON CT	5.3 STREET ADDRESS	525 Vine Street, 20th Floor	
CITY-ST-ZIP	CINCINNATI OH 45246	5.4 CITY-ST-ZIP	Cincinnati, OH 45201	
TITLE	VS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUGHES, LARRY W	6.2 NAME	Gaynor, William T., Jr.	
STREET ADDRESS	117 DUNBAR LOOP	6.3 STREET ADDRESS	525 Vine Street, 20th Floor	
CITY-ST-ZIP	DAPHNE AL 36526	6.4 CITY-ST-ZIP	Cincinnati, OH 45201	

14. I 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, with all other like empowered.

SIGNATURE: *William T. Gaynor, Jr.* **WILLIAM T. GAYNOR, JR.** JAN 13 1999 513-412-2852
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)