

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90081 006 ***150.00

DOCUMENT # **810980**

1. Corporation Name

LOYAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business

**525 VINE ST
CINCINNATI OH 45202
US**

Mailing Address

**580 WALNUT STREET
5TH FLOOR RECEIVING
CINCINNATI OH 45202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1964

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **20th Floor**
City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **ADAMS, ROBERT A**
STREET ADDRESS **103 HETHERINGTON LANE**
CITY-ST-ZIP **CINCINNATI OH 45246**

TITLE **DVPC** ☒ DELETE

NAME **SAMPLES, W. RANDOLPH**
STREET ADDRESS **1075 ARBORWOOD COURT**
CITY-ST-ZIP **BATAVIA OH 45103**

TITLE **D** ☐ DELETE

NAME **TATE, JEFFERY S**
STREET ADDRESS **3341 PARKHILL DR**
CITY-ST-ZIP **CINCINNATI OH 45248**

TITLE **D** ☐ DELETE

NAME **MANEY, WILLIAM II**
STREET ADDRESS **7006 SPRUCEWOOD CT**
CITY-ST-ZIP **CINCINNATI OH 45241**

TITLE **P** ☐ DELETE

NAME **STEVEN, CHAPEL M**
STREET ADDRESS **3 HETHERINGTON CT**
CITY-ST-ZIP **CINCINNATI OH 45246**

TITLE **VS** ☒ DELETE

NAME **HUGHES, LARRY W**
STREET ADDRESS **117 DUNBAR LOOP**
CITY-ST-ZIP **DAPHNE AL 36526**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **250 E. Fifth Street, 10th Floor**
1.4 CITY-ST-ZIP **Cincinnati, OH 45202**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Muething, Mark F.**
2.3 STREET ADDRESS **250 E. Fifth Street, 10th Floor**
2.4 CITY-ST-ZIP **Cincinnati, OH 45202**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **250 E. Fifth Street, 10th Floor**
3.4 CITY-ST-ZIP **Cincinnati, OH 45202**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **250 E. Fifth Street, 10th Floor**
4.4 CITY-ST-ZIP **Cincinnati, OH 45202**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **525 Vine Street, 20th Floor**
5.4 CITY-ST-ZIP **Cincinnati, OH 45201**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **V/S**
6.3 STREET ADDRESS **Gaynor, William T., Jr.**
6.4 CITY-ST-ZIP **525 Vine Street, 20th Floor**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T. Gaynor, Jr.

JAN 13 1999

Date

513-412-2852

Daytime Phone #

CR2E034 (1/98)