

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90065 046 ***150.00

DOCUMENT # 810980

1. Entity 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 45202-3110
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0343428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32304**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** Delete
 NAME **ADAMS, ROBERT A**
 STREET ADDRESS **250 E. 5TH ST.-10TH FLR**
 CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **D** Change Addition
 NAME **S. Craig Lindner**
 STREET ADDRESS **250 E. 5th Street, 10th Floor**
 CITY-ST-ZIP **Cincinnati, Ohio 45202**

TITLE **DV** Delete
 NAME **MUETHING, MARK F**
 STREET ADDRESS **250 E. 5TH ST.-10TH FLR**
 CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **TATE, JEFFERY S**
 STREET ADDRESS **250 E. 5TH ST.-10TH FLR**
 CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **DP** Change Addition
 NAME **Charles R. Scheper**
 STREET ADDRESS **250 E. 5th Street, 10th Floor**
 CITY-ST-ZIP **Cincinnati, Ohio 45202**

TITLE **DV** Delete
 NAME **MANEY, WILLIAM II**
 STREET ADDRESS **250 E. 5TH ST.-10TH FLR**
 CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

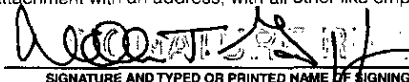
TITLE **DP** Delete
 NAME **STEVEN, CHAPEL M**
 STREET ADDRESS **525 VINE ST- 20TH FLR**
 CITY-ST-ZIP **CINCINNATI OH 45201**

TITLE **DV** Change Addition
 NAME **Jane E. Rollinson**
 STREET ADDRESS **525 Vine Street, 11th Floor**
 CITY-ST-ZIP **Cincinnati, Ohio 45201**

TITLE **VS** Delete
 NAME **GAYNOR, WILLIAM T JR.**
 STREET ADDRESS **525 VINE ST- 20TH FLR**
 CITY-ST-ZIP **CINCINNATI OH 45201**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **William T. Gaynor, Jr., Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 22 2000

Date

513-412-2200

Daytime Phone #

CR2E034 (9/99)