FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCLIMENT # 810980



FILED Mar 28, 2005 8:00 am Secretary of State

Entity Name Loyal American Life Insurance Company					03-28-2005 90052 036 ***150.00		
	DO NOT WRIT	Ë IN THIS SI	PACE		4004006	5	
2. Principal Place of Business 250 East Fifth Street Suite, Apt. #, etc. City & State Cincinnati, OH		3. Mailing Address	3. Mailing Address PO BOX 26580				
		Suite, Apt. #, etc. City & State Austin, TX			DO NOT WRITE IN THIS SPACE 4. FEI Number 63-0343428 Applied For Not Applicable		
45202		78755-0580		<u> </u>	7.Name and Address of Currer		ee Required
				Name	7.Name and Address of Curren	ii Kagistereu A	gent
	PEDONOT	NRITE	Barre L. Au	t artistatus s			~
Action of the second			"小路市 市	Street Address	P.O. Box Number is Not Acceptal	DI O)	
	IN THIS S	PACE					
				City		FL	Zip Code
5.7	named entity submits this stateme		* \$		and accord as both in the Ctate of I		ilian with and annual
	ions of registered agent.	Silver and purpose of one gray					
SIGNATURE	Signature, typed or printed name of registered	1 agent and title if applicable. (f	NOTE: Registere	ed Agent signature requir	red when reinstating)	DATE	
	nuary 1 - May 1 Fee Is \$150.0 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 k Payable to Florida Departm	0, 3, 4,			Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees
	After May 1, Fee Is \$550.00° Amended UBR is \$61.25 k Payable to Florida Departm	0, 3, 4,					
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12. 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 10 or on an attachment with amaddress, with all other its empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(512) 531-1493