


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*** CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830525 (2)

1. Corporation Name
AMERICAN LOYALTY INSURANCE COMPANY

Principal Place of Business Mailing Address

**414 WALNUT ST.
PHILADELPHIA PA 19106** **414 WALNUT ST.
PHILADELPHIA PA 19106**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/20/1973	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				23-2640501	Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 192.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 of appointment (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUGH, DANIEL F	1.2 NAME	
STREET ADDRESS	1471 FLAT ROCK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENN VALLEY PA 19072	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHTY, DEBORAH A	2.2 NAME	D'Amico, Mary Ann
STREET ADDRESS	266 UXBRIDGE	2.3 STREET ADDRESS	302 Jacqueline Drive
CITY - ST - ZIP	CHERRY HILL NJ 08034	2.4 CITY - ST - ZIP	Downingtown, PA
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADIGAN, DAVID P	3.2 NAME	Haynes, Larry E.
STREET ADDRESS	32 HERON HILL DR.	3.3 STREET ADDRESS	4160 Burning Tree Lane
CITY - ST - ZIP	DOWNINGTOWN PA 19335	3.4 CITY - ST - ZIP	Jacksonville, FL 32223
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUHANA, JOSEPH N.	4.2 NAME	Patterson, Douglas H.
STREET ADDRESS	1219 SMOKEBURR DR.	4.3 STREET ADDRESS	414 Walnut Street
CITY - ST - ZIP	WESTERVILLE OH 43081	4.4 CITY - ST - ZIP	Philadelphia, PA 19106
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEE, JOHN F X	5.2 NAME	Thomas, James M.
STREET ADDRESS	344 ROBERTS DR	5.3 STREET ADDRESS	119 Alverstone Road
CITY - ST - ZIP	SOMERDALE NJ	5.4 CITY - ST - ZIP	Clifton Heights, PA 19018
TITLE	SV VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, TIMOTHY P	6.2 NAME	
STREET ADDRESS	97 BIRD ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	GAHANNA OH 43230	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: James M. Thomas, James M. Thomas 4/28/95 (215) 925-0609
Signature and typed or printed name of signing officer or director Date Telephone Number

Vice President & Treasurer

830525

**1995 CORPORATION ANNUAL REPORT
DOCUMENT #830525 (2)
AMERICAN LOYALTY INSURANCE COMPANY**

#12 OFFICERS & DIRECTORS (continued)

Title: D V
Name: Betof, Nila G.
Street Address: 32 Poplar Drive
City-State: Richboro, PA

Title: D V S
Name: Kelly, Kevin J.
Street Address: 1024 Foss Avenue
City-State: Drexel Hill, PA

Title: V
Name: Childers, Michael W.
Street Address: 377 Merion Road
City-State: Merion, PA 19066

Title: V
Name: Christiansen, James E.
Street Address: 6332 Simca Drive
City-State: Jacksonville, FL 32211

Title: V
Name: Shirkey, Bill (NMN)
Street Address: 10131 Deercreek Club Road
City-State: Jacksonville, FL 32256

Title: V
Name: Whatley, Michael W.
Street Address: 9919 Vineyard Lake Lane
City-State: Jacksonville, FL