

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **830525** (2)
1. Corporation Name
AMERICAN LOYALTY INSURANCE COMPANY



Principal Place of Business: **414 WALNUT ST. PHILADELPHIA PA 19106**
Mailing Address: **414 WALNUT ST. PHILADELPHIA PA 19106**

3. Date incorporated or Qualified: **07/20/1973**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 [] 2a. Mailing Address
26 []

4. FEI Number: **23-2640501**
Applied For: [] Not Applicable

Suite, Apt. #, etc.: [] 27 []

5. Certificate of Status Desired: [] **\$8.75 Additional Fee Required**

22 [] 27 [] City & State

6. Election Campaign Financing Trust Fund Contribution: [] **\$5.00 May Be Added to Fees**

23 [] 28 [] City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24 [] 25 [] 29 [] 30 [] Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
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: _____ (Signature typed or printed name of registered agent is also acceptable) (If the Registered Agent signature is required, please reconstitute) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROUGH, DANIEL F	
STREET ADDRESS	1471 FLAT ROCK RD.	
CITY-ST-ZIP	PENN VALLEY PA 19072	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	D'AMICO, MARY ANN	
STREET ADDRESS	302 JACQUELINE DR	
CITY-ST-ZIP	DOWNINGTOWN PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYNES, LARRY E.	
STREET ADDRESS	4160 BURNING TREE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATTERSON, DOUGLAS H.	
STREET ADDRESS	414 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	THOMAS, JAMES M.	
STREET ADDRESS	119 ALVERSTONE RD	
CITY-ST-ZIP	CLIFTON HEIGHTS PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITAKER, TIMOTHY P	
STREET ADDRESS	97 BIRD ST.	
CITY-ST-ZIP	GAHANNA OH	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WHITAKER, TIMOTHY T
6.3 STREET ADDRESS	106 S FRONT ST, APT 4A
6.4 CITY-ST-ZIP	PHILADELPHIA, PA

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)(k), 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, Treas. 4/24/95 (215) 925-0609**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

**1996 CORPORATION ANNUAL REPORT
DOCUMENT #830525 (2)
AMERICAN LOYALTY INSURANCE COMPANY**

#12. OFFICERS & DIRECTORS (continued)

Title:	<i>D V S</i>
Name:	<i>Kelly, Kevin J.</i>
Street Address:	<i>1024 Foss Avenue</i>
City-State:	<i>Drexel Hill, PA</i>
Title:	<i>V</i>
Name:	<i>Childers, Michael W.</i>
Street Address:	<i>377 Merion Road</i>
City-State:	<i>Merion, PA 19066</i>
Title:	<i>V</i>
Name:	<i>Shirkey, Bill (NMN)</i>
Street Address:	<i>10131 Deercreek Club Road</i>
City-State:	<i>Jacksonville, FL 32256</i>
Title:	<i>V</i>
Name:	<i>Whatley, Michael W.</i>
Street Address:	<i>9919 Vineyard Lake Lane</i>
City-State:	<i>Jacksonville, FL</i>