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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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 19106-3797**

3. Date Incorporated or Qualified
07/20/1973

3a. Date of Last Report
05/01/1996

4. FEI Number
23-2640501

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21

2a. Mailing Address
28 55 West Street

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Keene, NH

City & State
28 Keene, NH

Zip
24

Country
25

Zip
29 03431

Country
30 USA

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
 THE CAPITAL
 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

85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROUGH, DANIEL F	1.2 NAME	Koerner, Philip D.
STREET ADDRESS	1471 FLAT ROCK RD.	1.3 STREET ADDRESS	55 West Street
CITY - ST - ZIP	PENN VALLEY PA 19072	1.4 CITY - ST - ZIP	Keene, NH 03431
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, LARRY E.	2.2 NAME	Fayer, David L.
STREET ADDRESS	4160 BURNING TREE LANE	2.3 STREET ADDRESS	55 West Street
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Keene, NH 03431
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, DOUGLAS H.	3.2 NAME	McKenna, William C.
STREET ADDRESS	414 WALNUT STREET	3.3 STREET ADDRESS	55 West Street
CITY - ST - ZIP	PHILADELPHIA PA	3.4 CITY - ST - ZIP	Keene, NH 03431
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JAMES M.	4.2 NAME	
STREET ADDRESS	119 ALVERSTONE RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLIFTON HEIGHTS PA	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, TIMOTHY P	5.2 NAME	
STREET ADDRESS	106 S FRONT ST APT 4A	5.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 5/19/97

14. I do 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 of this report, or on an attachment with an address.

SIGNATURE: _____ DATE: **April 2, 1997** DAYTIME PHONE: **603 358 1440**

CR2E034 (9/96)