

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

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

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # 830579 (9)
1. Corporation Name
ROYAL LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business: P.O. BOX 2165, SOUTHFIELD MI 48037-2165
Mailing Address: P.O. BOX 2165, SOUTHFIELD MI 48037-2165

3. Date Incorporated or Qualified: **08/01/1973**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **13-6150240**
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 (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER OF FLORIDA, CAPITOL BUILDING, TALAHASSEE FL 32304**
10. Name and Address of New Registered Agent (81-85)
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, J. TYLER	1.2 NAME	
STREET ADDRESS	875 POND ISLAND COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHVILLE MI 48167	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, JAMES F	2.2 NAME	
STREET ADDRESS	29900 FRANKLIN RD APT 159	2.3 STREET ADDRESS	4301 SHEPHERDLEAS LANE
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, MICHAEL A.	3.2 NAME	
STREET ADDRESS	7270 KINGSWOOD	3.3 STREET ADDRESS	48301
CITY-ST-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, JAMES F.	4.2 NAME	
STREET ADDRESS	29900 FRANKLIN RD APT 159	4.3 STREET ADDRESS	DELETE - ON FORM TWICE
CITY-ST-ZIP	SOUTHFIELD MI	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, JAMES E.	5.2 NAME	
STREET ADDRESS	1791 LONE PINE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPHA, JAMES R.	6.2 NAME	
STREET ADDRESS	36699 HEATHERTON	6.3 STREET ADDRESS	22042 PICADILLY CIRCLE
CITY-ST-ZIP	FARMINGTON MI SEE ATTACHED LIST	6.4 CITY-ST-ZIP	NOVI, MI 48375

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: *Christopher G. Ronayne* CHRISTOPHER G. RONAYNE
V.P. & COMPTROLLER 3/18/96 (810) 357-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

CR2E034 (12/95)

1/17/96

**ROYAL LIFE INSURANCE COMPANY OF AMERICA
LIST OF DIRECTORS AND OFFICERS
AS OF 12/31/95**

DIRECTORS/OFFICERS	TITLE	APPOINTED ELECTED
David Albert Bourgeois 6738 Wynfaire Lane Charlotte, NC 28210 SS: 303-44-8674 DOB: 11/24/43	Vice President - Marketing Director Vice President - Chief Marketing Officer	2/92 12/94 11/94
Rex Laird Critzer 16221 Woolwine Road Charlotte, NC 28278 SS: 512-48-2158 DOB: 9/10/47	Director Senior Vice President & COO	12/94 11/94
James Tyler Lee 875 Pond Island Court Northville, MI 48167 SS: 224-68-7734 DOB: 7/2/51	Co-Chairman Director President & CEO	2/92 12/94 11/94
Lawrence James Leonardo 778 Grooms Road Rexford, NY 12008 SS: 086-42-1543 DOB: 3/1/48 Employment Ceased: 9/6/95	Vice President - Operations	3/93
Michael Anthony McGrath 7270 Kingswood Bloomfield Hills, MI 48301 SS: 377-44-9023 DOB: 10/9/44	Director Senior Vice President, Secretary & General Counsel	3/90 11/94
James Francis Noonan 4301 Shepherdleas Lane Charlotte, NC 28277 SS: 118-26-9158 DOB: 3/2/36	Director Senior Vice President and CIO	3/90 11/94

Christopher Gerard Ronayne 12177 Wildwing Plymouth, MI 48170 SS: 386-72-6752 DOB: 10/31/57	Vice President & Comptroller	11/94
Richard Jay Slavens 38 Ginger Terrace Clifton Park, NY 12065 SS: 102-40-8581 DOB: 5/18/49	Assistant Treasurer	9/95
James Ronald Sopha 22042 Picadilly Circle Novi, MI 48375 SS: 373-78-6088 DOB: 1/24/62	Director	12/94
John Anthony Tardera 149 Scarlett Drive Commack, NY 11725 SS: 091-26-9396 DOS: 9/17/32	Vice President - Annuity Sales	2/95
Robert Allan Ward 1772 Earlmont Berkley, MI 48072 SS: 375-54-1072 DOB: 3/8/50	Appointed Actuary Vice President	4/93 11/94
John Adam Zelinske 5571 Abington West Bloomfield, MI 48322 SS: 386-58-7017 DOB: 7/21/62	Vice President & Treasurer	11/94