

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/01/1973	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-6150240	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. 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: _____ (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-STATE-ZIP	NORTHVILLE MI 48167	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOONAN, JAMES F	2.2 NAME	
STREET ADDRESS	4301 SHEPHERDLEAS LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CHARLOTTE NC	2.4 CITY-STATE-ZIP	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	
CITY-STATE-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-STATE-ZIP	48301
TITLE	DSVP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITZER, REX L	4.2 NAME	
STREET ADDRESS	16221 WOOLWINE ROAD	4.3 STREET ADDRESS	30026 OAKLEAF LANE
CITY-STATE-ZIP	CHARLOTTE NC	4.4 CITY-STATE-ZIP	FRANKLIN, MI 48025
TITLE	VPO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, LAWRENCE J	5.2 NAME	
STREET ADDRESS	778 GROOMS ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	REXFORD NY	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOPHA, JAMES R.	6.2 NAME	
STREET ADDRESS	22042 PICADILLY CIRCLE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	NOVI MI -SEE ATTACHED LIST-	6.4 CITY-STATE-ZIP	48375

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 included 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**
 V.P. & COMPTROLLER
 Date: **4/1/97** (810) 746-6466
 Signature and Typed or Printed Name of Signing Officer or Director

CR2E034 (9/96)

1/17/96

ROYAL LIFE INSURANCE COMPANY OF AMERICA
LIST OF DIRECTORS AND OFFICERS
AS OF 12/31/96

DIRECTORS/OFFICERS	TITLE	APPOINTED ELECTED
David Albert Bourgeois 5915 Orchard Woods Dr. West Bloomfield, MI 48324 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 30026 Oakleaf Lane Franklin, MI 48025 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
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
16 Greg Lane
E. Northport, NY 11731
SS: 091-26-9396
DOB: 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

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