

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 200 Hopmeadow Street, 22 Suite, Apt. #, etc., 23 Simsbury, CT, 24 06089, 25 USA
 2a. Mailing Address: 26 P.O. Box 2999, 27 Suite, Apt. #, etc., 28 Hartford, CT, 29 06104, 30 USA

3. Date Incorporated or Qualified: 08/01/1973
 4. FEI Number: 13-6150240, 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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, 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	1.1 TITLE	PD
NAME	LEE, J. TYLER	1.2 NAME	Smith, Lowndes A.
STREET ADDRESS	875 POND ISLAND COURT	1.3 STREET ADDRESS	11 Tallwood Lane
CITY-ST-ZIP	NORTHVILLE MI 48167	1.4 CITY-ST-ZIP	Simsbury, CT 06089
TITLE	VD	2.1 TITLE	VTD
NAME	NOONAN, JAMES F	2.2 NAME	Boyko, Gregory A.
STREET ADDRESS	4301 SHEPHERDLEAS LANE	2.3 STREET ADDRESS	100 Barbour Town Road
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	Collinsville, CT 06022
TITLE	VSD	3.1 TITLE	VSD
NAME	MCGRATH, MICHAEL A.	3.2 NAME	Godkin, Lynda
STREET ADDRESS	7270 KINGSWOOD	3.3 STREET ADDRESS	11 Duncaster Wood Road
CITY-ST-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-ST-ZIP	Granby, CT 06035
TITLE	DSVP	4.1 TITLE	D
NAME	CRITZER, REX L	4.2 NAME	Ginetti, John P.
STREET ADDRESS	30026 OAKLEAF LANE	4.3 STREET ADDRESS	8 Grant Estate Drive
CITY-ST-ZIP	FRANKLIN MI	4.4 CITY-ST-ZIP	Simsbury, CT 06092
TITLE	D	5.1 TITLE	D
NAME	SOPHA, JAMES R.	5.2 NAME	Marra, Thomas M.
STREET ADDRESS	22042 PICADILLY CIRCLE	5.3 STREET ADDRESS	7 Cobtail Way
CITY-ST-ZIP	NOVI MI	5.4 CITY-ST-ZIP	Simsbury, CT 06070
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Welnicki, Raymond P.
STREET ADDRESS		6.3 STREET ADDRESS	42 Pondview Drive,
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Manchester, CT 06040

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0504, Florida Statutes, and I hereby 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: _____ 8/4/98 860 843-4067

CR2E034 (5/98)