

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 # 810980 (3)

1. Corporation Name

LOYAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business

2800 DAUPHIN ST.
MOBILE AL 36606

Mailing Address

2800 DAUPHIN ST.
MOBILE AL 36606



3. Date Incorporated or Qualified

08/26/1964

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CCEO ☒ DELETE
NAME RAKICH, ROBERT T
STREET ADDRESS 466 INVERARAY
CITY-STATE-ZIP VILLANOVA PA

1.1 TITLE Chairman ☐ Change ☒ Addition
1.2 NAME Adams, Robert A.
1.3 STREET ADDRESS 103 Hetherington Lane
1.4 CITY-STATE-ZIP Cincinnati, OH

TITLE CFOT ☐ DELETE
NAME SAMPLES, W. RANDOLPH
STREET ADDRESS 7340 CHERYL COURT
CITY-STATE-ZIP MOBILE AL

2.1 TITLE Director, SrVP/CAO/CFOT/Treas. ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ADAMS, N. O.
STREET ADDRESS 58 CLAIRISE CR.
CITY-STATE-ZIP MOBILE AL

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Tate, Jeffery S.
3.3 STREET ADDRESS 3341 Parkhill Drive
3.4 CITY-STATE-ZIP Cincinnati, OH

TITLE D ☐ DELETE
NAME FAULKNER, JAMES H. SR.
STREET ADDRESS 705 EAST FIFTH ST.
CITY-STATE-ZIP BAY MINETTE AL

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Maney II, William J.
4.3 STREET ADDRESS 7006 Sprucewood Court
4.4 CITY-STATE-ZIP Cincinnati, OH

TITLE PCOO ☐ DELETE
NAME HOWARD, R.M.
STREET ADDRESS 7001 CHARLOTTE OAKS DR S
CITY-STATE-ZIP MOBILE AL

5.1 TITLE Director, Pres/CEO ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE AVPS ☐ DELETE
NAME HUGHES, LARRY W
STREET ADDRESS 117 DUNBAR LOOP
CITY-STATE-ZIP DAPHNE AL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

Larry W. Hughes
LARRY W. HUGHES, SECRETARY OF THE CORPORATION

2/28/96

334/470-6480

Date

Daytime Phone #

CR2E034 (12/95)