


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90003 014 \*\*\*550.00

<b>DOCUMENT # 810980</b> 1. Entity Name <b>LOYAL AMERICAN LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>250 E FIFTH ST CINCINNATI, OH 45202 US</b>			Mailing Address <b>PO BOX 26580 AUSTIN, TX 78755 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number <b>63-0343428</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A BILLINGLEY, MARK 250 E. FIFTH ST CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, Billy Hill Jr. 250 E 5th Street Cincinnati, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUETHING, MARK F 250 E. 5TH ST.-10TH FLR CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHEPER, CHARLES R 250 E. 5TH ST.-10TH FLR CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANEY, WILLIAM II 250 E. 5TH ST.-10TH FLR CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Byron Buescher 250 E 5th Street Cincinnati, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOFFETT, JAMES E 250 EAST FIFTH STREET 8TH FLOOR CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael Reidy 250 East Fifth Street Cincinnati, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDER, CRAIG S 250 EAST FIFTH ST 8TH FLOOR CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas Kopetic 250 east Fifth Street Cincinnati, OH 45202
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
<b>SIGNATURE: Thomas Kopetic</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<div style="display: flex; justify-content: space-between;"> <span>7/7/04</span> <span>513-531-1435</span> </div>					

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07062004 Chg-P CR2E034 (10/03)