


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90045 041 ***150.00

DOCUMENT # 810980					
1. Entity Name LOYAL AMERICAN LIFE INSURANCE COMPANY					
Principal Place of Business 250 E FIFTH ST CINCINNATI, OH 45202 US			Mailing Address PO BOX 26580 AUSTIN, TX 78755 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 63-0343428	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



03222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, BILLY			NAME			
STREET ADDRESS	250 E. FIFTH ST			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUETHING, MARK F			NAME			
STREET ADDRESS	250 E. 5TH ST.-10TH FLR			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEPER, CHARLES R			NAME			
STREET ADDRESS	250 E. 5TH ST.-10TH FLR			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUESCHER, BYRON			NAME			
STREET ADDRESS	250 E. 5TH ST.-10TH FLR			STREET ADDRESS	5508 Parkcrest Drive		
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP	Austin, TX 78731		
TITLE	V	<input type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDISON, BRENDA			NAME			
STREET ADDRESS	250 EAST FIFTH STREET 8TH FLOOR			STREET ADDRESS	5508 Parkcrest Drive		
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP	Austin, TX 78731		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDER, CRAIG S			NAME			
STREET ADDRESS	250 EAST FIFTH ST 8TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:  **3/30/07** **512- 512-451-2224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #