
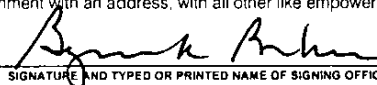


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 011 \*\*\*150.00

<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 - No P.O. Box # <b>11200 Lakeline Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Austin, TX</b>			
Zip <b>78717</b>		Country <b>US</b>		4. FEI Number <b>63-0343428</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04232008 Chg-P CR2E034 (12/06)			
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) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</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	PD HILL, BILLY 250 E. FIFTH ST CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Hill, Jr., Billy B. 41170 Canoas Dr. Austin, TX 78730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUETHING, MARK F 250 E. 5TH ST.-10TH FLR CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Maples, Tracy E. 11200 Lakeline Blvd. Suite 100 Austin, TX 78717	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEPER, CHARLES R 250 E. 5TH ST.-10TH FLR CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miliano, Christopher P. 250 East Fifth St. Cincinnati, OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUESCHER, BYRON 5508 PARKCREST DRIVE AUSTIN, TX 78731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Buescher, Byron K. 6505 Yaupon Dr. Austin, TX 78759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDISON, BRENDA 5508 PARKCREST DRIVE AUSTIN, TX 78731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hardison, Brenda W. 11200 Lakeline Blvd., Suite 100 Austin, TX 78717	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	D Lindner, Stephen C. 250 East Fifth St. Cincinnati, OH 45202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			04/23/08 (512) 451-2224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		