FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91903 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #810980					1			
1. Enlity Name LOYAL AMERICAN LIFE INSURANCE COMPANY					L			
Principal Place of Business 250 E FIFTH ST CINCINNATI, 0H 45202 US		Mailing Address PO BOX 5418 CINCINNATI, OH 45201-5418 US						
Principal Place of Business		3. Mailing Address P-0. Box 26580						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MA	KING CHANGES			
City & State		City & State Austin, TX			62 6242426		oplied For of Applicable	
Zip	Country	Zip 78755	Country		5. Certificate of Status Desired	\$8.75 Ad		
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	5. Name and Address of Current F	Registered Agent:	Name		7. Name and Address of New Regist	ered Agent ===		
CHIEF FINA POBOX 6		Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAII	NES ST SEE, FL 32399-0000							
TALAINOOLI, IL OZOSOOO		City		<u> </u>		FL Zip Coo	e	
a. 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							and accept	
the obligations of registered agent. SIGNATURE								
Superince of the substitution	Signature, typed or primed name of registered agent ar	nd title if applicable. (NOTI	E: Registered Agentsignati	ne lednised	when minstaling)	ATE		
Afte Make Check			 Election Campaign Financin Trust Fund Contribution. 		May Be			
10.	OFFICERS AND C	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	DC	Delete	TITLE	A		☐ Change	Addition	
NAME STREET ADDRESS	ADAMS, ROBERT A 250 E. 5TH ST10TH FLR		NAME STREET ADDRESS		llingley, Mark) E. FifthsSt acinnati, OH 45202			
CITY-ST-Z#	CINCINNATI, OH 45202	Delete	CMY-ST-ZIP	Cit SD	ncinnati, OH 45202	▼ Change	Addition (
NAME	MUETHING, MARK F	. La Delicii	NAME	ענ		ALL CHEMIST		
STREET ADDRESS CITY-ST-ZIP	250 E. 5TH ST10TH FLR CINCINNATI, OH 45202		STREET ADDRESS City-St-Zip					
1ITLE NAME	DPSCHEPER, CHARLES R	. Delete	TITLE NAME	-		☐ Change	Addition	
STREET ADDRESS	250 E. 6TH ST10TH FLR		ST REET ADDRESS					
CITY-\$3-ZP	CINCINNATI, OH 45202		COY-ST-ZIP					
TITLE NAMÉ	MANEY, WILLIAM II	Delete	TITLE NAMÉ	V		Change	Addition	
STREET ADDRESS City-St-21P	250 E. 5TH ST10TH FLR CINCINNATI, OH 45202		STREET ADDRESS Crty-St-Zip					
TITLE	DV	☐ Delete	11/1.6	V		X Change	Addition	
NAME STREET ADDRESS	MOFFETT, JAMES E 250 EAST FIFTH STREET 8TH FL	OOR	NAME STREET ADDRESS					
CHY-SI-ZIP	CINCINNATI, OH 45202	·	CITY-ST-21P					
TITLE NAMÉ	D LINDER, CRAIG S	☐ Delete	TITLE NAME			☐ Che∡nge	Addition	
STREET ADDRESS	260 EAST FIFTH ST 8TH FLOOR		STREET ADDRESS					
CITY-ST-ZIP	CINCINNATI, OH 45202	his filing does not month : f	CITY-ST-ZIP	ad in Co	thinn 110 07/2VI) Elected Chattatan & F. Jahr	r cartifu that the !-	oformation.	
12. I hereby certify that the information supplied with this filling 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 all size in the empowered.								
SIGNATURE: Milly William Warden								
	SIGNATURE AND TYPED OR PO	NTED NAME OF SIGNING OFFICER	OR DIRECTOR			Devlime Phone #		

RICHARD L MAGOTEAUX

ATTACHMENT

810980

FLORIDA

LOYAL AMERICAN LIFE ASSURANCE COMPANY (#65722) OFFICERS AND DIRECTORS CONTINUED December 31, 2002

OFFICERS

VD	Christopher P. Miliano
VT	Richard L. Magoteaux
V	William R. Ealy
V	Billy B. Hill
V	Charles L. Hardtke
V	Edward C. Dahmer, Jr.

The addresses for all of the above is: 250 East Fifth Street

250 East Fifth Street Cincinnati, Ohio 45202

Indicates New Officer