

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810980

**Entity Name:** LOYAL AMERICAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

11200 LAKELINE BLVD.  
STE. 100  
AUSTIN, TX 78717

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC1412158951**

**Current Mailing Address:**

PO BOX 26580  
AUSTIN, TX 78755 US

**FEI Number: 63-0343428**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WOLFRAM, BRADLEY A  
Address 11200 LAKELINE BLVD, SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title CFOD  
Name SEVERT, PAUL A  
Address 11200 LAKELINE BLVD, SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR  
Name RICHARDS, THOMAS B  
Address 11200 LAKELINE BLVD.  
STE. 100  
City-State-Zip: AUSTIN TX 78717

Title T  
Name BUESCHER, BYRON K  
Address 11200 LAKELINE BLVD, SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title S  
Name HARDISON, BRENDA W  
Address 11200 LAKELINE BLVD. STE. 100  
City-State-Zip: AUSTIN TX 78717

Title D  
Name PALMER, ERIC P  
Address 11200 LAKELINE BLVD.  
STE. 100  
City-State-Zip: AUSTIN TX 78717

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BYRON BUESCHER**

**TREASURER**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date