

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810980

Entity Name: LOYAL AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717

Current Mailing Address:

11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717 US

FEI Number: 63-0343428

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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 SECRETARY
Name KRISHTUL, ANNA
Address 11200 LAKELINE BLVD., SUITE 100
City-State-Zip: AUSTIN TX 78717

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

Title PRESIDENT/DIRECTOR
Name EVANKO, BRIAN
Address 11200 LAKELINE BLVD., SUITE 100
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR
Name PALMER, ERIC
Address 11200 LAKELINE BLVD., SUITE 100
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR
Name SATALINE, FRANK JR.
Address 11200 LAKELINE BLVD., SUITE 100
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR
Name TUTWILER, JESSICA
Address 11200 LAKELINE BLVD., SUITE 100
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR
Name YABLECKI, JAMES
Address 11200 LAKELINE BLVD., SUITE 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: ANNA KRISHTUL

SECRETARY

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date