

**2016 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            PRESIDENT AND DIRECTOR  
Name            EVANKO, BRIAN  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title            VICE PRESIDENT  
Name            CHAMBERS, DAVID  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

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

Title            SECRETARY  
Name            KRISHTUL, ANNA  
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, CFO & EVP  
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**

**07/12/2016**

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

\_\_\_\_\_  
Date