

**2021 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           TREASURER  
Name           BUESCHER, BYRON  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title           VICE PRESIDENT  
Name           O'NEIL, KATHLEEN  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

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

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

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

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

Title           CHIEF FINANCIAL OFFICER  
Name           LESTER, TYLER  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title           PRESIDENT  
Name           JONES, STEPHEN  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

**Continues on page 2**

*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:** BUESCHER , BYRON

**TREASURER**

**04/30/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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