

**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