FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAR 16 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 810980 (3)

1. Corporation Name
LOYAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business
2800 DAUPHIN ST.
MOBILE AL 36606

Mailing Address
2800 DAUPHIN ST.
MOBILE AL 36606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1964
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 63-0343428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	☐ Change ☐ Addition
NAME	RAKICH, ROBERT T	1.2 NAME	
STREET ADDRESS	466 INVERARAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	VILLANOVA PA	1.4 CITY-ST-ZIP	
TITLE	CFOT	2.1 TITLE	☐ Change ☐ Addition
NAME	SAMPLES, W. RANDOLPH	2.2 NAME	
STREET ADDRESS	7340 CHERYL COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, N. Q.	3.2 NAME	
STREET ADDRESS	58 CLAIRISE CR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FAULKNER, JAMES H. SR.	4.2 NAME	
STREET ADDRESS	705 EAST FIFTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY MINETTE AL	4.4 CITY-ST-ZIP	
TITLE	PCOO	5.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, R.M.	5.2 NAME	
STREET ADDRESS	7001 CHARLOTTE OAKS DR S	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	5.4 CITY-ST-ZIP	
TITLE	AVPS	6.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, LARRY W	6.2 NAME	
STREET ADDRESS	117 DUNBAR LOOP	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAPHNE AL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry W. Hughes MARCH 9, 1995 334/470-6480
LARRY W. HUGHES, SECRETARY
Signature and title of officer or director Date Daytime Phone #

0471822 FP