2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#810980

FILED May 01, 2006 Secretary of State

Entity Name: LOYAL AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
250 E FIFT CINCINNA	TH ST ATI, OH 4520	12 US			
Current M	lailing Addre	ess:	New Mail	ling Address:	
PO BOX 2 AUSTIN, T		US			
FEI Number:	: 63-0343428	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	: Name and	d Address of New Registered Agent:	
P O BOX 6 200 E. GAI TALLAHAS	SSEE, FL 32	6200) 3990000 US	he nurness of changing	its registered office or registered agent or bet	
	named entity e of Florida.	y submits this statement for tr	ne purpose of changing	its registered office or registered agent, or bot	
SIGNATU					
	Electro	onic Signature of Registered	Agent	Date	
Election Car		193(2)(b), F.S., the corporation di- ing Trust Fund Contribution ().		ice. NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	A (BILLINGLEY, 250 E. FIFTH CINCINNATI,	ST	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition HILL, BILLY 250 E. FIFTH ST CINCINNATI, OH 45202	
Title: Name: Address: City-St-Zip:	D (MUETHING, N 250 E. 5TH S CINCINNATI,	T10TH FLR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SCHEPER, C 250 E. 5TH S CINCINNATI,	T10TH FLR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V (MANEY, WILI 250 E. 5TH S CINCINNATI,	T10TH FLR	Title: Name: Address: City-St-Zip:	VT (X) Change () Addition BUESCHER, BYRON 250 E. 5TH ST10TH FLR CINCINNATI, OH 45202	
Title: Name: Address: City-St-Zip:	MOFFETT, JA	TH STREET 8TH FLOOR	Title: Name: Address: City-St-Zip:	V (X) Change () Addition HARDISON, BRENDA 250 EAST FIFTH STREET 8TH FLOOR CINCINNATI, OH 45202	
Fitle: Name: Address: City-St-Zip:	LINDER, CRA	FTH ST 8TH FLOOR	Title: Name: Address: City-St-Zip:	()Change ()Addition	

Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS F KOPETIC V 05/01/2006