2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90393 011 ***150.00

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1. Entity Name
LOYAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
250 E FIFTH ST CINCINNATI, OH 45202 US	PO BOX 26580 AUSTIN, TX 78755 US

04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11200 Lakeline Blvd.			
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.	
City & State: Austin, TX		City & State	
Zip: 78717	Country: US	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, BILLY 250 E. FIFTH ST CINCINNATI, OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Hill, Jr., Billy B. 41170Canoas Dr. Austin, TX 78730	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUETHING, MARK F 250 E. 5TH ST.-10TH FLR CINCINNATI, OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Maples, Tracy E. 11200 Lakeline Blvd. Suite 100 Austin, TX 78717	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEPER, CHARLES R 250 E. 5TH ST.-10TH FLR CINCINNATI, OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miliano, Christopher P. 250 East Fifth St. Cincinnati, OH 45202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUESCHER, BYRON 5508 PARKCREST DRIVE AUSTIN, TX 78731	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Buescher, Byron K. 6505 Yaupon Dr. Austin, TX 78759	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDISON, BRENDA 5508 PARKCREST DRIVE AUSTIN, TX 78731	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hardison, Brenda W. 11200 Lakeline Blvd., Suite 100 Austin, TX 78717	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDER, CRAIG S 250 EAST FIFTH ST 8TH FLOOR CINCINNATI, OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lindner, Stephen C. 250 East Fifth St. Cincinnati, OH 45202	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Byron K Buescher — 04/23/08 — (512) 451-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #