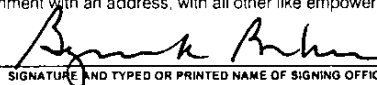


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90393 011 ***150.00

DOCUMENT # 810980 1. Entity Name LOYAL AMERICAN LIFE INSURANCE COMPANY					
Principal Place of Business 250 E FIFTH ST CINCINNATI, OH 45202 US				Mailing Address PO BOX 26580 AUSTIN, TX 78755 US	
2. Principal Place of Business - No P.O. Box # 11200 Lakeline Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 100 City & State Austin, TX			
Zip 78717		Country US		4. FEI Number 63-0343428	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent 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 _____ (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. 41170 Canoas 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: 			04/23/08 (512) 451-2224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		