

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810980

FILED
Apr 30, 2009
Secretary of State

Entity Name: LOYAL AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

11200 LAKELINE BLVD.
STE. 100
AUSTIN, TX 78717 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26580
AUSTIN, TX 78755 US

New Mailing Address:

FEI Number: 63-0343428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, BILLY B JR
Address: 4117 CANOAS DR.
City-St-Zip: AUSTIN, TX 78730

Title: D () Delete
Name: MUETHING, MARK F
Address: 250 E. 5TH ST.-10TH FLR
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: SCHEPER, CHARLES R
Address: 250 E. 5TH ST.-10TH FLR
City-St-Zip: CINCINNATI, OH 45202

Title: T () Delete
Name: BUESCHER, BYRON K
Address: 6505 YAUPON DR.
City-St-Zip: AUSTIN, TX 78759

Title: S () Delete
Name: HARDISON, BRENDA W
Address: 11200 LAKELINE BLVD. STE. 100
City-St-Zip: AUSTIN, TX 78717

Title: D () Delete
Name: LIDNER, STEPHEN C
Address: 250 EAST FIFTH ST.
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BYRON K BUESCHER

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date