

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 830525 (2)

1. Corporation Name

AMERICAN LOYALTY INSURANCE COMPANY



Principal Place of Business

414 WALNUT ST.
PHILADELPHIA PA 19106

Mailing Address

414 WALNUT ST.
PHILADELPHIA PA 19106

3. Date Incorporated or Qualified
07/20/1973

3a. Date of Last Report
05/01/1995

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

23-2640501

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

FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
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

Signature (typed or printed name of registered agent is acceptable)

(If the Registered Agent's signature is required, when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	CROUGH, DANIEL F	1471 FLAT ROCK RD.	PENN VALLEY PA 19072	<input type="checkbox"/>
V	D'AMICO, MARY ANN	302 JACQUELINE DR	DOWNINGTOWN PA	<input checked="" type="checkbox"/>
PD	HAYNES, LARRY E.	4160 BURNING TREE LANE	JACKSONVILLE FL	<input type="checkbox"/>
V	PATTERSON, DOUGLAS H.	414 WALNUT STREET	PHILADELPHIA PA	<input type="checkbox"/>
VT	THOMAS, JAMES M.	119 ALVERSTONE RD	CLIFTON HEIGHTS PA	<input type="checkbox"/>
VD	WHITAKER, TIMOTHY P	97 BIRD ST.	GAHANNA OH	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>
VD	WHITAKER, TIMOTHY T	106 S FRONT ST, APT 4A	PHILADELPHIA, PA	<input type="checkbox"/>

SIGNATURE:

James M. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Thomas, Treas. 4/24/95 (215) 925-0609

Date

Daytime Phone #

CR2E034 (12/95)

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AMERICAN LOYALTY INSURANCE COMPANY

#12. OFFICERS & DIRECTORS (continued)

Title:	D V S
Name:	Kelly, Kevin J.
Street Address:	1024 Foss Avenue
City-State:	Drexel Hill, PA
Title:	V
Name:	Childers, Michael W.
Street Address:	377 Merion Road
City-State:	Merion, PA 19066
Title:	V
Name:	Shirkey, Bill (NMN)
Street Address:	10131 Deercreek Club Road
City-State:	Jacksonville, FL 32256
Title:	V
Name:	Whatley, Michael W.
Street Address:	9919 Vineyard Lake Lane
City-State:	Jacksonville, FL