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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 19106-3797



3. Date Incorporated or Qualified 07/20/1973
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

USA

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	CROUGH, DANIEL F	1471 FLAT ROCK RD.	PENN VALLEY PA 19072	<input checked="" type="checkbox"/>
PD	HAYNES, LARRY E.	4160 BURNING TREE LANE	JACKSONVILLE FL	<input checked="" type="checkbox"/>
V	PATTERSON, DOUGLAS H.	414 WALNUT STREET	PHILADELPHIA PA	<input checked="" type="checkbox"/>
VT	THOMAS, JAMES M.	119 ALVERSTONE RD	CLIFTON HEIGHTS PA	<input checked="" type="checkbox"/>
VD	WHITAKER, TIMOTHY P	106 S FRONT ST APT 4A	PHILADELPHIA PA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Koerner, Philip D.	55 West Street	Keene, NH 03431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Fayer, David L.	55 West Street	Keene, NH 03431	<input type="checkbox"/>	<input type="checkbox"/>
S	McKenna, William C.	55 West Street	Keene, NH 03431	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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5/19/97
603 358 1440

CR2E034 (9/96)