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1997

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FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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(2)

AMERICAN LOYALTY INSURANCE COMPANY

Principal Place of Business 414 WALNUT ST. PHILADELPHIA PA 19106		Mailing Address 414 WALNUT ST. PHILADELPHIA PA 19106-3797			E SANCHEL MEINE TIMES SOURE DIEMS LINGEL WAY! DIDEL BLUEL MINITER AVENT ALON MANUEL			
	•				3. Date Incorporated or Qualified 07/20/1973	3a. Date 05/0	of Last R 1/1996	
2. Principal Pla	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number		han water in	oplied For
1		26 55 West	Streat	-	23-2640501			ot Applicable
— Suite, Apt. # ™	r, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
Car & Crate		City & State			O Floring Compiler Floring			
City & State	•		4		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z(p)	Country	28 Keene, Pl	Country	······································	8. This corporation has liability for			
4	25	29 02431	30 ()5			Yes 🔽		. 100.002,
<u> </u>	9. Name and Address of Curren			. f	10. Name and Address of New R		····	
FLO	RIDA INSURANCE COMMISSIO	NER	81	Name				
THE	CAPITAL		82	Street Ac	Idress (P.O. Box Number is Not Accepta	ible)		
TAL	LAHASSEE FL 32304							*******
			83					
			84	City		FL	85 Zip	Code
11 Pursuant to	o the provisions of Sections 607 050	2 and 607.1508. Florida Statut	es, the abov	L e-named cx	propration submits this statement for the		hanging i	ts registerer
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	ept the appoir	ntment as	registered
	m tariillar with, and accept the oolig	ations of, Section 607.0505, Fr	unua Siaiule	ъ.				
SIGNATURE	/ Stignature, typoid or pented name of registered age	ent and title if applicable. (NOT	E: Registered Ag	ent signature re-	quired when reinstating)	DATE		
				··········				20 IM 42
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			10 HA 15
	J	D DIRECTORS DELETE	13. 1.1 TITLE	 T	אע		Change	
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