FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:33

DOCUMENT # K52577 (9)

1. Corporation Name
LOYALTY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 13487 KANSAS CITY MO 64199-0487	P.O. BOX 13487 KANSAS CITY MO 64199-0487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1988
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 39-2242132 ☐ 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
CAPITOL BLDG.
TALLAHASSEE FL 32399

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, ROBERT J.	1.2 NAME		
STREET ADDRESS	300 W. 11TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP		
TITLE	PCD	2.1 TITLE		☐ Change ☐ Addition
NAME	MULLER, GARY L.	2.2 NAME		
STREET ADDRESS	300 W. 11TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP		
TITLE	VSD	3.1 TITLE		☐ Change ☐ Addition
NAME	MERRIMAN, MICHAEL A.	3.2 NAME		
STREET ADDRESS	300 W. 11TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	KINNAIRD, DONNA H.	4.2 NAME		
STREET ADDRESS	300 W. 11TH STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	HOFFMAN, LOREN G.	5.2 NAME	Jenkins, Gary E.	
STREET ADDRESS	300 W. 11TH ST	5.3 STREET ADDRESS	300 W. 11th St	
CITY-ST-ZIP	KANSAS CITY MO	5.4 CITY-ST-ZIP	Kansas City, MO	
TITLE	VTD	6.1 TITLE		☐ Change ☐ Addition
NAME	MERRIMAN, JOE JACK	6.2 NAME		
STREET ADDRESS	300 W. 11TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: Gary E. Jenkins — Gary E. Jenkins — (816) 391-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0400086 FN