

**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 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

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, and date of appointment) (If the Registered Agent signature is required, when registered) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>WHITAKER, TIMOTHY T</b>
63 STREET ADDRESS	<b>106 S FRONT ST, APT 4A</b>
64 CITY-ST-ZIP	<b>PHILADELPHIA, PA</b>

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)(k), 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: \_\_\_\_\_

*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)

**1996 CORPORATION ANNUAL REPORT  
DOCUMENT #830525 (2)  
AMERICAN LOYALTY INSURANCE COMPANY**

**#12. OFFICERS & DIRECTORS (continued)**

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