

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR -6 AM 11: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **840038** (4)
1. Corporation Name
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
3121 BUFFALO SPEEDWAY P.O. BOX 2465 HOUSTON TX 77098	3121 BUFFALO SPEEDWAY P.O. BOX 2465 HOUSTON TX 77098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/16/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 74-1952955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITAL BUILDING
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
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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEISENHERZ, ROBERT L
STREET ADDRESS	500 N. AKARD ST.
CITY - ST - ZIP	DALLAS TX
TITLE	PD
NAME	CROWLEY, JOSEPH P.
STREET ADDRESS	3121 BUFFALO SPEEDWAY
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	LAY, SHERMAN
STREET ADDRESS	100 MALLARD CREEK ROAD, SUITE 400
CITY - ST - ZIP	LOUISVILLE KY
TITLE	VT
NAME	HULL, JOHN T
STREET ADDRESS	500 N. AKARD ST.
CITY - ST - ZIP	DALLAS TX
TITLE	DCFO
NAME	MEKEEL, EDWARD R JR.
STREET ADDRESS	500 N. AKARD ST.
CITY - ST - ZIP	DALLAS TX
TITLE	VD
NAME	COVINGTON, GEORGE M.
STREET ADDRESS	3121 BUFFALO SPEEDWAY
CITY - ST - ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Term
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Term
2.1 TITLE	
2.2 NAME	Term
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Term
3.1 TITLE	
3.2 NAME	Term
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	Term
4.1 TITLE	
4.2 NAME	Term
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	Term
5.1 TITLE	
5.2 NAME	Term
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	Term
6.1 TITLE	
6.2 NAME	Term
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	Term

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an addenda.

SIGNATURE: *Deborah J. Kerai* Asst. V.P./Asst. Controller 2/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)