

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **02/16/1978**  
3a. Date of Last Report: **03/06/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	74-1952955	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24	Zip	Country	25	29	Zip	Country	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**INSURANCE COMMISSIONER  
CAPITAL BUILDING  
TALLAHASSEE FL 32304**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/S /D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEISENHERZ, ROBERT L</b>	1.2 NAME	<b>MOORE, RODNEY D.</b>
STREET ADDRESS	<b>500 N. AKARD ST.</b>	1.3 STREET ADDRESS	<b>500 N. AKARD ST.</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	<b>DALLAS, TX 75201</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CROWLEY, JOSEPH P.</b>	2.2 NAME	<b>BROWN, SUSAN A.</b>
STREET ADDRESS	<b>3121 BUFFALO SPEEDWAY</b>	2.3 STREET ADDRESS	<b>500 N. AKARD ST.</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>	2.4 CITY-ST-ZIP	<b>DALLAS, TX 75201</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S/V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAY, SHERMAN</b>	3.2 NAME	<b>WHITE, GARY L</b>
STREET ADDRESS	<b>100 MALLARD CREEK ROAD, SUITE 400</b>	3.3 STREET ADDRESS	<b>3121 BUFFALO SPEEDWAY</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	3.4 CITY-ST-ZIP	<b>HOUSTON, TX 77098</b>
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HULL, JOHN T</b>	4.2 NAME	<b>BEHRENS SUSANNE J.</b>
STREET ADDRESS	<b>500 N. AKARD ST.</b>	4.3 STREET ADDRESS	<b>3121 BUFFALO SPEEDWAY</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	4.4 CITY-ST-ZIP	<b>HOUSTON, TX 77098</b>
TITLE	<b>DCFO</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEKEEL, EDWARD R JR.</b>	5.2 NAME	<b>CARTWRIGHT, STEVEN R.</b>
STREET ADDRESS	<b>500 N. AKARD ST.</b>	5.3 STREET ADDRESS	<b>500 N. AKARD ST.</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	<b>DALLAS, TX 75201</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COVINGTON, GEORGE M.</b>	6.2 NAME	<b>ZIMMERMAN, VERNON K.</b>
STREET ADDRESS	<b>3121 BUFFALO SPEEDWAY</b>	6.3 STREET ADDRESS	<b>500 N. AKARD ST</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>	6.4 CITY-ST-ZIP	<b>DALLAS, TX 75201</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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **4/19/96** **(713) 871-4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)