

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	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	FL	85

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 re-registering) DATE: _____

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

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: *Sandra B. Mortham* 4/8/96 (713) 871-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)