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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

840038

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Apr 01	1998	8:00am	
Secre	tary o	f State	

EII ED

Principal Place of Business Mailing Address 200 WESTLAKE PARK BLVD HOUSTON TX 77079 US 3. Date Incorporated or Qualified 02/16/1978 4. FEI Number 74-1952955 2. Principal Place of Business 21 26 Mailing Address 5. Certificate of Status Desired	
HOUSTON TX 77079 US HOUSTON TX 77079 US 02/16/1978 4. FEI Number 74-1952955 2. Principal Place of Business 2a. Mailing Address 25 Certificate of Status Desired	
US	
2. Principal Place of Business 2a. Mailing Address 25. Certificate of Status Desired	
2. Principal Place of Business 2a. Mailing Address 25. Certificate of Status Desired	Applied For
21 26 5. Certificate of Status Desired	Not Applicable
21 26	\$8.75 Additional
	Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing	\$5.00 May Be
22 Trust Fund Contribution City & State City & State 7 Is this proportion a homeous	Added to Fees
28 City & State 7. Is this nonprofit corporation a homeow	ners association?
Zip Country Zip Country 8. This corporation owes or has paid the	
24 25 29 30 Personal Property Tax due June 30.	Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registers	
81 Name	
INSURANCE COMMISSIONER 82 Street Address (P.O. Box Number is Not Acceptable)	
CAPITAL BUILDING	
TALLAHASSEE FL 32304 B3	
84 City	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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ppointment as registered
SIGNATURE Signature, typed or printed name of regulated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	<u></u>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	
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I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3/25/98

(281) 368-7200