

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90007 046 \*\*\*\*61.25

0016201

**DOCUMENT # 840038**  
 1. Entity Name  
**PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**200 WESTLAKE PARK BLVD**      **200 WESTLAKE PARK BLVD**  
**HOUSTON TX 77079**              **HOUSTON TX 77079**  
**US**                                      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State

Zip      Country      Zip      Country

4. FEI Number **74-1952955**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**CAPITAL BUILDING**  
**TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PTD CHEN, BILL S	<input type="checkbox"/> Delete
STREET ADDRESS	200 WESTLAKE PARK BLVD	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	VS FRAZIER, MARY D	<input type="checkbox"/> Delete
STREET ADDRESS	20 WESTLAKE PARK BLVD	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	V LEE, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	200 WESTLAKE PARK BLVD	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	D TAI, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	200 WESTLAKE PARK BLVD	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	D CHEN, L. C.	<input type="checkbox"/> Delete
STREET ADDRESS	200 WESTLAKE PARK BLVD	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	D WANG, DON J	<input type="checkbox"/> Delete
STREET ADDRESS	200 WESTLAKE PARK BLVD	
CITY-ST-ZIP	HOUSTON TX	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	V KARLOVITZ, LEO F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	200 WESTLAKE PARK BLVD.,	
CITY-ST-ZIP	HOUSTON, TX 77079	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *LEO F. KARLOVITZ* **REQUIRED** LEO F. KARLOVITZ, V/CFO July 10, 2001 (281) 368-7259

CR2E037 (5/01)