


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 200 WESTLAKE PARK BLVD HOUSTON, TX 77079 US	Mailing Address 200 WESTLAKE PARK BLVD HOUSTON, TX 77079 US
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04272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-1952955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

000000142948  
 04/30/04-80072-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHEN, BILL S 200 WESTLAKE PARK BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FRAZIER, MARY D 20 WESTLAKE PARK BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, JERRY 200 WESTLAKE PARK BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAI, DAVID 200 WESTLAKE PARK BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, L. C. 200 WESTLAKE PARK BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANG, DON J 200 WESTLAKE PARK BLVD HOUSTON, TX

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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 reports 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:**  **4/27/04** **(281) 368-7265**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #