


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90036 024 \*\*\*\*61.25

<b>DOCUMENT # 840038</b> 1. Entity Name PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY	
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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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**DO NOT WRITE IN THIS SPACE**



02012005 No Chg-NP CR2E037 (10/03)

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

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, 2005**

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

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 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:  Bill S. Chen 3/18/05 (281) 368-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #