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

DOCUMENT #840038

1. Entity Name

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business

200 WESTLAKE PARK BLVD HOUSTON, TX 77079

Mailing Address

200 WESTLAKE PARK BLVD HOUSTON, TX 77079

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

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



02012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 74-1952955 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -

DO NOT WRITE IN THIS SPACE

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)

DO NOT WRITE

200 E. GA TALLAHAS	INES ST SSEE, FL 32399-0000		IN THIS SPACE						
	named entity submits this statement for the purpose of the purpose	of changing its registere	d office or	registered agent,	or both, in the State of Florida. I am familiar with, and acc	ept			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Registered	Agent signatur	e required when reinstati	ng) DATE				
		ection Campaign Finan rust Fund Contribution.	cing	\$5.00 May E Added to Fees	e				
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	÷				er*			
TITLE	V				the state of the s	١			
STREET ADDRESS CITY-ST-ZIP	LEE, JERRY 200 WESTLAKE PARK BLVD HOUSTON, TX			D	O NOT WRITE	1. 5			
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D TAI, DAVID 200 WESTLAKE PARK BLVD HOUSTON, TX				N THIS SPACE				
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					i i			
12. I hereby of	pertify that the information supplied with this filing does on this report or supplemental report is true and accu	s not qualify for the exer	nption state ure shall ha	ed in Section 119.0	17(3)(i), Florida Statutes. I further certify that the information effect as if made under oath; that I am an officer or direct	on ctor			

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.

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3/18/05

(281) 368-7200

Date

Daytime Phone #