


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90177 008 ****61.25

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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**



CHECK HERE IF MAKING CHANGES

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. 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)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARLOVITZ, LEO F.	
STREET ADDRESS	200 WESTLAKE PARK BLVD.,	
CITY-ST-ZIP	HOUSTON, TX 77079	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]* SIGNATURE RECEIVED: Karlovitz, V/CFO 4/2/03 (281) 368-7265

CR2E037 (10/02)