

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 840038

**FILED**  
**Apr 27, 2013**  
**Secretary of State**  
**CC6860609380**

**Entity Name:** PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

11720 KATY FREEWAY  
#1700  
HOUSTON, TX 77079

**Current Mailing Address:**

P. O. BOX 4884  
HOUSTON, TX 77210-4884 US

**FEI Number:** 74-1952955

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PTD  
Name CHEN, BILL S  
Address 11720 KATY FREEWAY  
#1700  
City-State-Zip: HOUSTON TX 77079

Title S  
Name FRAZIER, MARY D  
Address 11720 KATY FREEWAY  
#1700  
City-State-Zip: HOUSTON TX 77079

Title V  
Name LEE, JERRY  
Address 11720 KATY FREEWAY, SUITE 1700  
City-State-Zip: HOUSTON TX 77079-1298

Title D  
Name TAI, DAVID  
Address 11720 KATY FREEWAY, SUITE 1700  
City-State-Zip: HOUSTON TX 77079-1298

Title D  
Name CHEN, L. C.  
Address 11720 KATY FREEWAY, SUITE 1700  
City-State-Zip: HOUSTON TX 77079-1298

Title D  
Name WANG, DON J  
Address 11720 KATY FREEWAY, SUITE 1700  
City-State-Zip: HOUSTON TX 77079-1298

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BILL S CHEN

**CEO**

**04/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date