

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandria B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 809227 (2)

1. Corporation Name

PROVIDENT MUTUAL LIFE INSURANCE COMPANY OF PHILADELPHIA



Principal Place of Business

1600 MARKET STREET  
POST OFFICE BOX 7378  
PHILADELPHIA PA 19101  
US

Mailing Address

1600 MARKET ST  
POST OFFICE BOX 7378  
PHILADELPHIA PA 19101  
US

3. Date Incorporated or Qualified

04/20/1953

3a. Date of Last Report

01/25/1995

4. FEI Number

23-0990450

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation as required by Section 607.0505, Florida Statutes

Signature of Registered Agent as required by Section 607.0505, Florida Statutes

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	LOESCHE, WILLIAM P	
STREET ADDRESS	1600 MARKET ST.	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCLELLAND, JOHN R.	
STREET ADDRESS	1600 MARKET ST	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JOHN A	
STREET ADDRESS	1600 MARKET ST	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROWELL, LESTER J JR	
STREET ADDRESS	1600 MARKET ST	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GATTA, ROSANNE	
STREET ADDRESS	1600 MARKET ST.	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.P. Loesche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Loesche 2/5/96

DATE

215-636-5495

TELEPHONE NUMBER

CR2E034 (12/95)