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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 809227
1. Corporation Name
PROVIDENT MUTUAL LIFE INSURANCE COMPANY



Principal Place of Business
1050 WESTLAKES DRIVE
BERWYN PA 19312-2419
US
Mailing Address
PO BOX 1717
VALLEY FORGE PA 19482-1717
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1953
4. FEI Number: 23-0990450
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent
THE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: EVGC
1.2 NAME: POTTER, JAMES G JR
1.3 STREET ADDRESS: 1050 WESTLAKES DRIVE
1.4 CITY-ST-ZIP: BERWYN PA 19312-2419
1.5 TITLE: VPCA
1.6 NAME: HINKLE, ALAN FURNESS
1.7 STREET ADDRESS: 1050 WESTLAKES DR
1.8 CITY-ST-ZIP: BERWYN PA
1.9 TITLE: D
1.10 NAME: BROWN, DOROTHY MCKENN
1.11 STREET ADDRESS: 1050 WESTLAKES DR
1.12 CITY-ST-ZIP: BERWYN PA 19312-2419
1.13 TITLE: PCEO
1.14 NAME: KLOSS, ROBERT WILLIAM
1.15 STREET ADDRESS: 1050 WESTLAKES DR
1.16 CITY-ST-ZIP: BERWYN PA
1.17 TITLE: VPT
1.18 NAME: GATTA, ROSANNA
1.19 STREET ADDRESS: 1050 WESTLAKES DR
1.20 CITY-ST-ZIP: BERWYN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE: EVPGCS
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE:
3.2 NAME: BROWN, DOROTHY MCKENNA
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. 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 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, with all other like empowered.

SIGNATURE: Alan S. Finkle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (610) 407-1033
Date Daytime Phone #

CR2E034 (1/198)