

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809227

1. Entity Name

PROVIDENT MUTUAL LIFE INSURANCE COMPANY

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90046 013 \*\*\*550.00

Principal Place of Business

1050 WESTLAKES DRIVE  
 BERWYN PA 19312-2419  
 US

Mailing Address

PO BOX 1717  
 VALLEY FORGE PA 19482-1717  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-0990450

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER  
 CAPITOL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
EVGC	POTTER, JAMES G JR	1050 WESTLAKES DRIVE	BERWYN PA 19312-2419	<input type="checkbox"/>
VPCA	HINKLE, ALAN FURNESS	1050 WESTLAKES DR	BERWYN PA	<input type="checkbox"/>
D	BROWN, DOROTHY	1050 WESTLAKES DR	BERWYN PA 19312-2419	<input type="checkbox"/>
PCEO	KLOSS, ROBERT WILLIAM	1050 WESTLAKES DR	BERWYN PA	<input type="checkbox"/>
VPT	GATTA, ROSANNA	1050 WESTLAKES DR	BERWYN PA	<input type="checkbox"/>
<del>VPCFO</del>	<del>MARY LYNN</del>			<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1000 Chestnutbrook Blvd	Berwyn PA 19312-2419	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1000 Chestnutbrook Blvd	Berwyn PA 19312-2419	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1000 Chestnutbrook Blvd	Berwyn PA 19312-2419	<input type="checkbox"/>	<input type="checkbox"/>
		1000 Chestnutbrook Blvd	Berwyn, PA 19312-2419	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1000 Chestnutbrook Blvd	Berwyn PA 19312-2419	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPCFO	MARY LYNN FINELLI	1000 Chestnutbrook Blvd	Berwyn PA 19312-2419	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/00

Daytime Phone #

CR2E034 (5/00)