

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841054** (0)
1. Corporation Name
PROVIDERS FIDELITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
BLUE BELL WEST, 653 SKIPPACK PIKE #16 BLUE BELL PA 19422-0778	BLUE BELL WEST, 653 SKIPPACK PIKE #16 BLUE BELL PA 19422-0778

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/12/1978	3a. Date of Last Report 03/07/1994
--	--

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number 23-2044256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE, FL

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

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DOZOR, RICHARD J
STREET ADDRESS	#2 BRIDGE THREE LANE, P.O. BOX 328
CITY- ST- ZIP	POINT PLEASANT PA 18950
TITLE	D
NAME	DOZOR, SHIRLEY W
STREET ADDRESS	PH-5 100 WORTH AVE
CITY- ST- ZIP	PALM BEACH FL 33480
TITLE	PD
NAME	DOZOR, HARRY T
STREET ADDRESS	PH-5 100 WORTH AVE
CITY- ST- ZIP	PALM BEACH FL 33480
TITLE	D
NAME	DOZOR, ROBERT B.
STREET ADDRESS	3213 FRANZ VALLEY RD
CITY- ST- ZIP	SANTA ROSA CA 95404
TITLE	VDT
NAME	SHAW, DIANN
STREET ADDRESS	3 RICKMAR LANE
CITY- ST- ZIP	FRAZER PA 19355
TITLE	SD
NAME	LIT, ALLISON
STREET ADDRESS	311 VIOLET LANE
CITY- ST- ZIP	WYNEWOOD PA 18006

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

Diann Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95 *2:15-5:42-7:200*
Date Daytime (PST) & EST