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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 # **845157**

1. Corporation Name
PROVIDIAN AUTO AND HOME INSURANCE COMPANY

Principal Place of Business	Mailing Address
6208 W. COMMERCIAL BLVD. SUITE 1 FT. LAUDERDALE FL 33319 US	6208 W. COMMERCIAL BLVD. SUITE 1 FT. LAUDERDALE FL 33319 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualifed: 02/05/1980

4. FEI Number: 39-1341441 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
STATE CAPITOL
TALLAHASSEE FL 33143

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	REKOSKI, DAVID G		1.2 NAME	Clancy, Brenda K	
STREET ADDRESS	1111 N CHARLES ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21202		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	VP D	☐ Change ☒ Addition
NAME	NOONE, JOSEPH C		2.2 NAME	Fischer, Brian C	
STREET ADDRESS	20 MOORES RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FRAZER PA 19355		2. 4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIEMER, EDWARD A		3.2 NAME		
STREET ADDRESS	20 MOORES ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FRAZER PA 19355		3.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, JAY H		4. 2 NAME		
STREET ADDRESS	20 MOORES ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FRANZER PA		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, DOUGLAS A.		5.2 NAME		
STREET ADDRESS	424 CHRISLENA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST CHESTER PA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Jay Harris Berman JAY HARRIS BERMAN, Vice President 1/19/99 (610) 722-3806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #