2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am DOCUMENT # F96000002020 **Secretary of State** 1. Entity Name 02-09-2004 90063 049 ***158.75 PROVANTIS INSURANCE COMPANY Principal Place of Business Mailing Address 100 FIRST STREET 100 FIRST STREET 4001822 MS 151 SAN FRANCISCO CA 94105 SAN FRANCISCO CA 94105 19.5 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 75-1233841 051 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) - -P O BOX-6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. P/D Change Addition PC Delete TITLE TITLE NAME NAME RADINE, GARY D RADINE, GARY D 100 FIRST STREET STREET ADDRESS STREET ADDRESS 100 FIRST STREET SAN FRANCISCO CA 94105 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO, CA **X** Change TITLE ☐ Delete TITLE VP/D ☐ Addition ELLIOTT, ROBERT B NAME NAME ELLIOTT, ROBERT B STREET ADDRESS 100 FIRST STREET STREET ADDRESS 100 FIRST STREET CITY-ST-7(P CITY-ST-ZIP SAN FRANCISCO CA 94105 SAN FRANCISCO, CA Change Ch ☐ Addition 5/D Delete TITLE MCQUIGGAN, WILLIAM B-NAME MCQUIGGAN, WILLIAM B NAME STREET ADDRESS ONE DELTA DRIVE STREET ADDRESS ONE DELTA DRIVE CITY-ST-ZIP MECHANICSBURG PA 17055 CITY-ST-ZIP MECHANICSBURG PA 17055 ☐ Addition ☐ Delete TITLE T/D **Change** TITLE RUSSELL, ELIZABETH M RUSSELL, ELIZABETH M NAME NAME 100 FIRST STREET 100 FACST STREET STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94105 CITY-ST-ZIP SAN FRANCISCO. CA 94105 CITY-ST-ZIP AS ☐ Delete Change Addition TITLE RAFTER, SHARON L NAME NAME 100 FIRST STREET STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94105 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE CORDEIRO, DENNIS CORDEIRD, DENNIS NAME NAME 100 FIRST STREET 100 FERST STREET MS 12 R STREET ADDRESS STREET ADDRESS

12. 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 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 10 or Block 11 if changed, or on an attentiment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SAN FRANCISCO CA 94105

DENNIS CORDEIRE

SAN FRANCISCO, CA 94105

1/29/04 (415)9/2-835

FILED

Daytime Phone #

2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20	04 FOR PROFI			Attachment
DOCUN 1. Entity Name	MENT # F9600000202	0		
PROVANT	IS INSURANCE COMPANY			
Principal Place	of Business	Mailing Address		
100 FIRST ST	FREET	100 FIRST STREET		24008852
MS 15L SAN FRANCI	SCO CA 94105	MS 15L SAN FRANCISCO CA 9	4105	0400000)
2. Principal Pla	ace of Business	3. Mailing Address		
Suite, Apt. #		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEt Number 75-1233841 Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
01.05	TE FINIANIONAL OFFICER	· · · · · · · · · · · · · · · · · · ·	Name	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST			Street A	Address (P.O. Box Number is Not Acceptable)
TALI	LAHASSEE FL 32399-0000			
			City	FL Zip Code
8. The above	named entity submits this statement fo ons of registered agent.	r the purpose of changing its r	egistered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept
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SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE.	Registered Agent signali	alure required when reinstating) DATE
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After	May 1, 2004 Fee will be \$550.00 Payable to Florida Department of	l Cinio		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	da. 97	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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