2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90063 049 ***158.75

DOCUMENT # F96000002020

1. Entity Name

PROVANTIS INSURANCE COMPANY

Principal Place of Business	Mailing Address
100 FIRST STREET MS 15L SAN FRANCISCO CA 94105	100 FIRST STREET MS 15L SAN FRANCISCO CA 94105

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-1233841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000

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. 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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC RADINE, GARY D 100 FIRST STREET SAN FRANCISCO CA 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RADINE, GARY D 100 FIRST STREET SAN FRANCISCO, CA 94105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP ELLIOTT, ROBERT B 100 FIRST STREET SAN FRANCISCO CA 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P/D ELLIOTT, ROBERT B 100 FIRST STREET SAN FRANCISCO, CA 94105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCQUIGGAN, WILLIAM B ONE DELTA DRIVE MECHANICSBURG PA 17055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D MCQUIGGAN, WILLIAM B ONE DELTA DRIVE MECHANICSBURG PA 17055	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSSELL, ELIZABETH M 100 FIRST STREET SAN FRANCISCO CA 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D RUSSELL, ELIZABETH M 100 FIRST STREET SAN FRANCISCO, CA 94105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS RAFTER, SHARON L 100 FIRST STREET SAN FRANCISCO CA 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CORDEIRO, DENNIS 100 FIRST STREET SAN FRANCISCO CA 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT CORDEIRO, DENNIS 100 FIRST STREET MS 12R SAN FRANCISCO, CA 94105	☒ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: _____ DENNIS CORDEIRO 1/29/04 (415)972-8353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

24008852

[redacted]

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City & State		City & State	
Zip	Country	Zip	Country

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME BELEK, MARILYNN G. STREET ADDRESS 100 FIRST STREET CITY-ST-ZIP SAN FRANCISCO, CA 94105	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: [signature] DENNIS CORDEIRO 1/29/04 (415)972-8353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #