

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

100 FIRST STREET
MS 15L
SAN FRANCISCO CA 94105

Mailing Address

100 FIRST STREET
MS 15L
SAN FRANCISCO CA 94105

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

7. Name and Address of New Registered Agent

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

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 PC ☐ Delete
NAME RADINE, GARY D
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE P/D ☒ Change ☐ Addition
NAME RADINE, GARY D
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE SVP ☐ Delete
NAME ELLIOTT, ROBERT B
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE V.P/D ☒ Change ☐ Addition
NAME ELLIOTT, ROBERT B
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE S ☐ Delete
NAME MCQUIGGAN, WILLIAM B
STREET ADDRESS ONE DELTA DRIVE
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE S/D ☒ Change ☐ Addition
NAME MCQUIGGAN, WILLIAM B
STREET ADDRESS ONE DELTA DRIVE
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE T ☐ Delete
NAME RUSSELL, ELIZABETH M
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE T/D ☒ Change ☐ Addition
NAME RUSSELL, ELIZABETH M
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE AS ☐ Delete
NAME RAFTER, SHARON L
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME CORDEIRO, DENNIS
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE AT ☒ Change ☐ Addition
NAME CORDEIRO, DENNIS
STREET ADDRESS 100 FIRST STREET MS 12 R
CITY-ST-ZIP SAN FRANCISCO, CA 94105

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS CORDEIRO

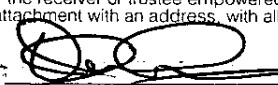
Date

4/29/04 (415) 972-8353

Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

DOCUMENT # F96000002020 1. Entity Name PROVANTIS INSURANCE COMPANY					
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 75-1233841	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
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	
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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 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	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
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SIGNATURE: 			DENNIS CORDEIRO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/29/04 Daytime Phone # (415) 972-8353		