

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90245 001 ***158.75

DOCUMENT # F96000002020

1. Entity Name
PROVANTIS INSURANCE COMPANY



Principal Place of Business
PO BOX 7161
INDIANAPOLIS IN 46207-7161

Mailing Address
PO BOX 7161
INDIANAPOLIS IN 46207-7161

90022300



2. Principal Place of Business
100 First Street

3. Mailing Address
100 First Street

Suite, Apt. #, etc.
MS 15L

Suite, Apt. #, etc.
MS 15L

City & State
San Francisco, CA

City & State
San Francisco, CA

Zip Country
94105 US

Zip Country
94105 US

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

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 **DCEO** ☒ Delete
NAME **PRIBLE, LARRY R**
STREET ADDRESS **2960 N MERIDIAN STREET**
CITY-ST-ZIP **INDIANAPOLIS IN 46208**

TITLE **P/Chairman** ☐ Change ☒ Addition
NAME **Gary D. Radine**
STREET ADDRESS **100 First Street**
CITY-ST-ZIP **San Francisco, CA 94105**

TITLE **D** ☒ Delete
NAME **RYAN, GARRETT P**
STREET ADDRESS **2960 N. MERIDIAN ST**
CITY-ST-ZIP **INDIANAPOLIS IN 46208**

TITLE **SVP** ☐ Change ☒ Addition
NAME **Robert B. Elliott**
STREET ADDRESS **100 First Street**
CITY-ST-ZIP **San Francisco, CA 94105**

TITLE **D** ☒ Delete
NAME **MCPHAIL, GARY**
STREET ADDRESS **2960 N. MERIDIAN**
CITY-ST-ZIP **INDIANAPOLIS IN 46208**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **William B. McQuiggan**
STREET ADDRESS **One Delta Drive**
CITY-ST-ZIP **Mechanicsburg, PA 17055**

TITLE **P** ☒ Delete
NAME **NOVOTNEY, MARC D**
STREET ADDRESS **2960 N. MERIDIAN ST**
CITY-ST-ZIP **INDIANAPOLIS IN 46208**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Elizabeth M. Russell**
STREET ADDRESS **100 First Street**
CITY-ST-ZIP **San Francisco, CA 94105**

TITLE **V** ☒ Delete
NAME **HEMPHILL, A. GRANT**
STREET ADDRESS **2960 N. MERIDIAN ST**
CITY-ST-ZIP **INDIANAPOLIS IN 46208**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Sharon L. Rafter**
STREET ADDRESS **100 First Street**
CITY-ST-ZIP **San Francisco, CA 94105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Assistant Treasurer** ☐ Change ☒ Addition
NAME **Dennis Cordeiro**
STREET ADDRESS **100 First Street**
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: Sharon L. Rafter **SIGNATURE REQUIRED** Sharon L. Rafter

(415) 972-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)