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Mar 10, 1999 8:00 am
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 # P04346

1. Corporation Name
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPA NY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2500 KEKALB PIKE
 P.O. BOX 511
 NORRISTOWN PA 19404-0511
 US

Mailing Address
 P.O. BOX 511
 NORRISTOWN PA 19404-0511
 US

3. Date Incorporated or Qualified
12/14/1984

4. FEI Number
23-1335885

5. Certificate 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

2. Principal Place of Business
 21 **17800 ROYALTON RD**

2a. Mailing Address
 26 **17800 ROYALTON RD**

22 Suite, Apt. #, etc.

23 City & State
STRONKSVILLE, OH

24 Zip **44136** 25 Country **US**

27 Suite, Apt. #, etc.

28 City & State
STRONKSVILLE OH

29 Zip **44136** 30 Country **US**

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32304**

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 *Charles E. Miller Jr.* **CHARLES E. MILLER JR., TREAS.** 2/22/99
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENS, ALVIN	
STREET ADDRESS	2500 DEKALB PIKE	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEASANG, MICHEAL F JR	
STREET ADDRESS	630 FREEDOM BUSINESS CTR	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BENEDICT, J. IACOVETTI	
STREET ADDRESS	2500 DEKALB PIKE	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BOWLES, JAMES O	
STREET ADDRESS	2509 DEKALB PIKE	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, HAROLD M	
STREET ADDRESS	2500 DEKALB PIKE	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOYER, P G	
STREET ADDRESS	2500 DEKALB PIKE	
CITY-ST-ZIP	NORRISTOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLREN A LAFRON	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LINDA S. STANDISH	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES E MILLER JR	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDREW A. BOEM	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHEAL A. CAVATHIO	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PETER W. NAVERT	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *Charles E. Miller Jr.* **CHARLES E. MILLER JR., TREAS.** 2/22/99 440-572-2400
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)