

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04346

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY

**Current Principal Place of Business:**

17800 ROYALTON RD  
STRONGSVILLE, OH 44136 US

**New Principal Place of Business:**

**Current Mailing Address:**

17800 ROYALTON RD  
STRONGSVILLE, OH 44136 US

**New Mailing Address:**

**FEI Number:** 23-1335885      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOLFRAM, BRADLEY A  
Address: 17800 ROYALTON RD  
City-St-Zip: STRONGSVILLE, OH 44136

Title: S ( ) Delete  
Name: KUSNIC, RICHARD A  
Address: 17800 ROYALTON RD  
City-St-Zip: STRONGSVILLE, OH 44136

Title: T ( ) Delete  
Name: WHARTON, LARRY E  
Address: 17800 ROYALTON RD  
City-St-Zip: STRONGSVILLE, OH 44136

Title: VP ( ) Delete  
Name: CAZONE, DAVID A  
Address: 17800 ROYALTON RD  
City-St-Zip: STRONGSVILLE, OH 44136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: VICKERS, DAVID I  
Address: 17800 ROYALTON RD  
City-St-Zip: STRONGSVILLE, OH 44136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A JOHNSON

VP

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date