


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90056 028 \*\*\*150.00

**DOCUMENT # P04346**

1. Entity Name  
**PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
**17800 ROYALTON RD**      **17800 ROYALTON RD**  
**STRONGSVILLE, OH 44136 US**      **STRONGSVILLE, OH 44136 US**

40020297



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02012007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**23-1335885**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOLFRAM, BRADLEY A	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	Austin,
TITLE	T	<input type="checkbox"/> Delete
NAME	VICKERS, DAVID I	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAZONE, DAVID A	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy Hill	
STREET ADDRESS	5508 Parkcrest Dr.	
CITY-ST-ZIP	Austin, Texas 78731	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David I. Vickers	
STREET ADDRESS	6201 Johnson Drive	
CITY-ST-ZIP	Mission, KS 66202	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan A. Sweeney	
STREET ADDRESS	6201 Johnson Drive	
CITY-ST-ZIP	Mission, KS 66202	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia R. Arnote	
STREET ADDRESS	6201 Johnson Drive	
CITY-ST-ZIP	Mission, KS 66202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Susan A. Sweeney      **Susan A. Sweeney**      **02/02/07**      **(913) 722-1110**

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