


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04241** (6)  
1. Corporation Name  
**PROVIDIAN FIRE INSURANCE COMPANY**

Principal Place of Business <b>11975 WESTLINE INDUSTRIAL DRIVE P O BOX 34420 ST. LOUIS MO 63146</b>	Mailing Address <b>11975 WESTLINE INDUSTRIAL DRIVE P O BOX 34420 ST. LOUIS MO 63146</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/04/1984</b>	
4. FEI Number <b>06-1092909</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	P/CEO/D
NAME	SHAILESH J. MEHTA	1.2 NAME	David G. Zekoski
STREET ADDRESS	201 MISSION ST	1.3 STREET ADDRESS	1111 N. Charles St.
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	Baltimore, MD 21202
TITLE	VD	2.1 TITLE	VD
NAME	MILLER, DAVID	2.2 NAME	Edward A. Biemer
STREET ADDRESS	20 MOORES RD.	2.3 STREET ADDRESS	20 Moores Rd.
CITY-ST-ZIP	FRAZER PA 10355	2.4 CITY-ST-ZIP	Frazer, PA 19355
TITLE	V	3.1 TITLE	VP
NAME	CONGDON, JULIE S.	3.2 NAME	Thomas P. Bowic
STREET ADDRESS	20 MOORES RD.	3.3 STREET ADDRESS	20 Moores Rd.
CITY-ST-ZIP	FRAZER PA 10355	3.4 CITY-ST-ZIP	Frazer, PA 19355
TITLE	V/S	4.1 TITLE	V/S/D
NAME	BERMAN, JAY H.	4.2 NAME	
STREET ADDRESS	20 MOORES RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA 10355	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	SARCIA, DOUGLAS A.	5.2 NAME	
STREET ADDRESS	424 CHRISLENA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. CHESTER PA	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	T
NAME	BRADY, DENNIS E. (CFO)	6.2 NAME	Joseph C. Noone
STREET ADDRESS	20 MOORES RD.	6.3 STREET ADDRESS	20 Moores Rd.
CITY-ST-ZIP	FRAZER PA 10355	6.4 CITY-ST-ZIP	Frazer, PA 19355

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.

CR2E034 (10/97)

**PROVIDIAN FIRE INSURANCE COMPANY**  
**ADDITIONAL OFFICERS AND DIRECTORS**

**Vice President**

Brenda K. Clancy  
4333 Edgewood Road, N.E.  
Cedar Rapids, IA 52499

**Vice President & Director**

Susan E. Martin  
20 Moores Road  
Frazer, PA 19355

**Vice President**

Thomas B. Nesspor  
20 Moores Road  
Frazer, PA 19355

**Vice President & Qualified Actuary**

Brian C. Fischer  
20 Moores Road  
Frazer, PA 19355

**Assistant Secretary**

Mary Ann Malinyak  
20 Moores Road  
Frazer, PA 19355

**Director**

Craig D. Vermie  
4333 Edgewood Road, N.E.  
Cedar Rapids, IA 52499