

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90060 018 \*\*\*150.00

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DOCUMENT # 818935

1. Corporation Name

PROVIDENTMUTUAL LIFE AND ANNUITY COMPANY OF AMER  
ICA

Principal Place of Business

300 CONTINENTAL DR  
NEWARK DE 19713-4399  
US

Mailing Address

P.O. BOX 15760  
WILMINGTON DE 19850-5760  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1965

4. FEI Number

23-1619082

Applied For

Not Applicable

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 15750

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 19850-5750

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL. FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME ROBERT WILLIAM KLOSS  
STREET ADDRESS 1050 WESTLAKES DR  
CITY-ST-ZIP BERWYN PA

TITLE AS  
NAME LOESCHE, WILLIAM PRICE  
STREET ADDRESS 1050 WESTLAKES DRIVE  
CITY-ST-ZIP BERWYN PA 19312-2419

TITLE T  
NAME GATTA, ROSANNE  
STREET ADDRESS 1050 WESTLAKES DRIVE  
CITY-ST-ZIP BERWYN PA

TITLE VPA  
NAME ALAN FURNESS HINKLE  
STREET ADDRESS 1050 WESTLAKES DR  
CITY-ST-ZIP BERWYN PA

TITLE D  
NAME LANGE, SARAH COXE  
STREET ADDRESS 1050 WESTLAKES DRIVE  
CITY-ST-ZIP BERWYN PA 19312-2419

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 19312-2419

2.1 TITLE SLO  
2.2 NAME James G. Potter, Jr.  
2.3 STREET ADDRESS 1050 Westlakes Drive  
2.4 CITY-ST-ZIP Berwyn, PA 19312-2419

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 19312-2419

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 19312-2419

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(610) 407-1033

Date

Daytime Phone #

CR2E034 (11/98)