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

DOCUMENT # 818935

1. Corporation Name

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PROVIDENTMUTUAL LIFE AND ANNUITY COMPANY OF AMER

	Principal Place of Business
i	300 CONTINENTAL DR NEWARK DE 19713-4399
	NEWANK DE 19/13-4399

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

04-30-1999 90060 018 ***150.00



DO NOT WRITE IN THIS SPACE P.O. BOX 1570 S. Date incorporated or Qualified OB/05/1985 OB/05/						<u> </u>			
Name	Principal Place	of Business	Mailing Address						
US Solida Solida	300 CONTINENT	TAL DR							
2. Principal Piace of Business 2. Ambilling Address 9 P.O. Box 15750		713-4399				DO NOT WRITE IN THIS SI	DO NOT WRITE IN THIS SPACE		
Principal Piece of Business	US		05			3. Date Incorporated or Qualifed			
Principal Piace of Business						·			
20	2 Principal DI	aco of Rusiness	2a. Mailing Address			<u> </u>	17	Applied For	
Sulin, Apt. #, etc. Sulin, Apt. #, etc. Sulin, Apt. #, etc. Scerificate of Status Desired S. 5. Certificate of Status Desired Fee Required. Fee Required. S. 5.00 May Be Added to Posts Sulin Suli	<u> </u>								
City & State City & Country City & State City & Country City & Country City & Country City & City	Suite Ant					\$8.75 Additional			
State						5. Certificate of Status Desired	•	I	
Zip Country Zip Zip 19850-5750 30 St. This corporation was the current year intengable Personal Property Tax. Ves No.	22 27 City & State					6 Election Campaign Financing —	\$5.0	0 May Re	
Zip Zip Zip Zip Zip 285 29 19850-5750 30								, ,	
25 26 28 29 19850-5750 30 Personal Property Tax The Modern Moder		Country		ountry		8. This corporation owes the current year Intan	gible		
Similar Name and Address of Name Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name 12. Street Address (P.O. Box Number is Not Acceptable) 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. Name 15.	<u> </u>	<u> </u>		_					
INSURANCE COMMISSIONER CAPTIOL BLDG. TALLAHASSEE FL. FL. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hardly accept the epipolamic is registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. 12.	24			\top		10. Name and Address of New Registered Ag	ent		
CAPITOL BLDG. TALLAHASSEE FL. FL 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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, agent agent agent and the provisions board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	<u> </u>			81	Name				
CAPITOL BLDG. TALLAHASSEE FL. FL 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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, agent agent agent and the provisions board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	INSU	IRANCE COMMISSIONER			Dt	de (D.O. De-Ni-mber in Not Accordable)			
TALLAHASSEE FL. FL 83				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
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, 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 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 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 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 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 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 office of the purpose of change agent. 12.				83					
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 epipointment as registered office or registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature Particular Particular									
11. Pursuant to the provisions of Sections 607 (807) and 807 (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 was authorized was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent, and accept the obligations of, Section 607 (9505, Florida Statutes.) SIGNATURE				84	City	FI	85 21	p Code	
office or registered agent, or both, in the State of Florids. Such change was autimorated by the Corporation's board of directors. Thereby accept the appointment agent and the Propietation Statutes. SIGNATURE To	11 Durayant	to the provisions of Sections 607 0500	2 and 607 1508 Florida Statutes, the	-named co	moration submits this statement for the purpose of ch	anging i	its registered		
SIGNATURE Signature, typed or printed name of registaned agent and ditor # appticable. NOTE: Registaned Agent algoritor required when remetation;) DATE	l office or re	egistered agent, or both, in the State o	of Florida. Such change was authoriz	zea by	tne corpora	tion's board of directors. I hereby accept the appointr	nent as	registered	
12.	agent. La	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida S	tatutes	ı			1	
12.	SIGNATURE		NOTE: Pogistr	amd Aden	t signature requi	ired when reinstation) DATE			
TITLE	12				-	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
NAME ROBERT WILLIAM KLOSS 12 NAME 13 STREET ADDRESS 1050 WESTLAKES DR 13 STREET ADDRESS 19312-2419 19312-2419 19312-2419				1 TITLE			Chang	e Addition	
13 17 17 17 17 17 17 17	l i	•	<u> </u>						
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DELETE SLO Change Chan	1				1	9312-2419			
NAME			10		 		Chang	e K Addition	
1050 WESTLAKES DRIVE 23 STREET ADDRESS 1050 WESTLAKES DRIVE 2.4 CITY-ST-ZIP BERWYN PA 19312-2419			-) -	· 			
CITY-ST-ZIP BERWYN PA 19312-2419						-			
TITLE	STREET ADDRESS	1	•		1			Į.	
NAME GATTA, ROSANNE 32 NAME 32 NAME 33 STREET ADDRESS 1050 WESTLAKES DRIVE 34. CITY-ST-ZIP 193122419					T-ZIP E	serwyn, PA 19312-2419	Chang	e	
STREET ADDRESS 1050 WESTLAKES DRIVE 3.3 STREET ADDRESS 34. CITY-ST-ZIP 19312-2419	ì	1 *			İ	- I			
STREET ADDRESS STRE	NAME								
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NAME					T-ZIP 1		Chann	e C Addition	
STREET ADDRESS 1050 WESTLAKES DR	TITLE	''''	_						
CITY-ST-ZIP BERWYN PA	NAME]	
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NAME LANGE, SARAH COXE 5.2 NAME STREET ADDRESS 1050 WESTLAKES DRIVE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP BERWYN PA 19312-2419 5.4 CITY-ST-ZIP Change Addition NAME 6.2 NAME	CITY-ST-ZIP	BERWYN PA			r-zip 1		70	-	
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and a second sec	NAME		6.	2 NAME	1				
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· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS			3 STREE	ADDRESS]	
CITY-ST-ZIP 6.4 CITY-ST-ZIP			6.]	

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 of 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

QUIRED

4/27/99 Date

(610) 407-1033

Daytime Phone #