

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04346

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC0562617446**

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

**Current Principal Place of Business:**

11200 LAKELINE BLVD., SUITE 100  
AUSTIN, TX 78717

**Current Mailing Address:**

11200 LAKELINE BLVD., SUITE 100  
AUSTIN, TX 78717 US

**FEI Number:** 23-1335885

**Certificate of Status Desired:** No

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

C T CORPORATION , SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** C T CORPORATION SYSTEM

04/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            EVANKO, BRIAN C.  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title            SECRETARY  
Name            HARDISON, BRENDA W.  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title            TREASURER, CHIEF ACCOUNTING OFFICER  
Name            BUESCHER, BYRON  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title            DIRECTOR  
Name            YABLECKI, JAMES  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title            DIRECTOR  
Name            TUTWILER, JESSICA K.  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title            DIRECTOR  
Name            SATALINE, FRANK JR.  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title            DIRECTOR  
Name            PALMER, ERIC P.  
Address        11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRENDA W. HARDISON

**SECRETARY**

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date