

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04346

**FILED**  
**Feb 21, 2023**  
**Secretary of State**  
**5275276534CC**

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

**Current Principal Place of Business:**

1300 EAST NINTH STREET  
CLEVELAND, OH 44114

**Current Mailing Address:**

1300 EAST NINTH STREET  
CLEVELAND, OH 44114 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

02/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HINMAN, LINDY  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name LABONTE, TRACY  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name OCHAL, MARK  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name SWANSON, DAVID  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name YABLECKI, JAMES  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT SECRETARY  
Name ANDERSON, TRACEY  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT SECRETARY  
Name BERNIER, RHIANNON  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title SECRETARY  
Name BROWN, GENEVA  
Address 1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

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*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:** SCOTT LAMBERT

ASSISTANT TREASURER 02/21/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           BUESCHER, BYRON  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           ASSISTANT VICE PRESIDENT  
Name           HALEY, WILLIAM  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           ASSISTANT SECRETARY  
Name           JOHNSON, JANET  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           VICE PRESIDENT  
Name           O'NEIL, KATHLEEN  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           ASSISTANT TREASURER  
Name           SIDDIQUI, JUMANA  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           VICE PRESIDENT  
Name           FLEMING, MARK  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           VICE PRESIDENT  
Name           HART, JOANNE  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           ASSISTANT TREASURER  
Name           LAMBERT, SCOTT  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           VICE PRESIDENT  
Name           REYNOLDS, DREW  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title           ASSISTANT SECRETARY  
Name           WEGRZYNIAK, HEATHER  
Address        1300 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114