

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04346

FILED
Apr 16, 2013
Secretary of State
CC1012679407

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:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WOLFRAM, BRADLEY A
Address 11200 LAKELINE BLVD, SUITE 100
City-State-Zip: AUSTIN TX 78717

Title VP
Name SEVERT, PAUL A
Address 11200 LAKELINE BLVD, SUITE 100
City-State-Zip: AUSTIN TX 78717

Title T
Name BUESCHER, BYRON K
Address 11200 LAKELINE BLVD, SUITE 100
City-State-Zip: AUSTIN TX 78717

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

Title VP
Name MAPLES, TRACY E
Address 11200 LAKELINE BLVD
SUITE 100
City-State-Zip: AUSTIN TX 78717

Title VP
Name GARVIN, JAMES M III
Address 11200 LAKELINE BLVD
SUITE 100
City-State-Zip: AUSTIN TX 78717

Title VP
Name BROWN, MICHAEL K
Address 11200 LAKELINE BLVD
SUITE 100
City-State-Zip: AUSTIN TX 78717

Title VP
Name CHAMBERS, DAVID L
Address 11200 LAKELINE BLVD
SUITE 100
City-State-Zip: AUSTIN TX 78717

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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: BRENDA W HARDISON

SECRETARY

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name RYAN, MAUREEN
Address 900 COTTAGE GROVE
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name MCHALE, BARRY
Address 900 COTTAGE GROVE
City-State-Zip: BLOOMFIELD CT 06002