

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04346

FILED
Apr 04, 2019
Secretary of State
2474350258CC

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

04/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name KRISHTUL, ANNA
Address 11200 LAKELINE BLVD., SUITE 100
City-State-Zip: AUSTIN TX 78717

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

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

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

Title DIRECTOR
Name MCGROARTY, RYAN
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 YABLECKI, JAMES
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: ANNA KRISHTUL

SECRETARY

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date