

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809227 (2)

1. Corporation Name

PROVIDENT MUTUAL LIFE INSURANCE COMPANY OF PHILADELPHIA

Principal Place of Business

1600 MARKET STREET
POST OFFICE BOX 7378
PHILADELPHIA PA 19101
US

Mailing Address

1600 MARKET ST
POST OFFICE BOX 7378
PHILADELPHIA PA 19101
US



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/20/1953

3a. Date of Last Report

01/25/1995

4. FEI Number

23-0990450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person making the change (Block 11)

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> DELETE |
|-------|---------------------|-----------------|------------------------|---------------------------------|
| S | LOESCHE, WILLIAM P | 1600 MARKET ST. | PHILADELPHIA, PA 00000 | |
| V | MCCLELLAND, JOHN R. | 1600 MARKET ST | PHILADELPHIA, PA 00000 | |
| D | MILLER, JOHN A | 1600 MARKET ST | PHILADELPHIA, PA 00000 | |
| DP | ROWELL, LESTER J JR | 1600 MARKET ST | PHILADELPHIA, PA 00000 | |
| T | GATTA, ROSANNE | 1600 MARKET ST. | PHILADELPHIA, PA 00000 | |
| | | | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|--------------------|---|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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, or on an attachment with an address.

SIGNATURE:

W.P. Loesche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Loesche 2/5/96

215-636-5495

CR2E034 (12/95)