

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90093 007 ***150.00

DOCUMENT # 809227

1. Corporation Name

PROVIDENT MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business

1050 WESTLAKES DRIVE
BERWYN PA 19312-2419
US

Mailing Address

PO BOX 1717
VALLEY FORGE PA 19482-1717
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1953

4. FEI Number

23-0990450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EVGC	<input type="checkbox"/> DELETE
NAME	POTTER, JAMES G JR	
STREET ADDRESS	1050 WESTLAKES DRIVE	
CITY-ST-ZIP	BERWYN PA 19312-2419	
TITLE	VPCA	<input type="checkbox"/> DELETE
NAME	HINKLE, ALAN FURNESS	
STREET ADDRESS	1050 WESTLAKES DR	
CITY-ST-ZIP	BERWYN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DOROTHY MCKENN	
STREET ADDRESS	1050 WESTLAKES DR	
CITY-ST-ZIP	BERWYN PA 19312-2419	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	KLOSS, ROBERT WILLIAM	
STREET ADDRESS	1050 WESTLAKES DR	
CITY-ST-ZIP	BERWYN PA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GATTA, ROSANNA	
STREET ADDRESS	1050 WESTLAKES DR	
CITY-ST-ZIP	BERWYN PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EVPGCS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BROWN, DOROTHY MCKENNA	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Alan S. Finkle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(610) 407-1033

Daytime Phone #

CR2E034 (11/98)