

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jul 18 1996 8:00am  
Secretary of State

DOCUMENT # 810333 (5)  
1. Corporation Name  
PROVIDIAN LIFE AND HEALTH INSURANCE COMPANY

Principal Place of Business Mailing Address  
LIBERTY PARK LIBERTY PARK  
FRAZER PA 19355 FRAZER PA 19355

3. Date Incorporated or Qualified 04/29/1955 3a. Date of Last Report 05/01/1995

|                                |                        |                                                                                         |                                                                     |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number                                                                           | Applied For                                                         |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 43-0378030                                                                              | Not Applicable                                                      |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                                         |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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          | AS                     | <input type="checkbox"/> DELETE            |
| NAME           | MALINYAK, MARY ANN     |                                            |
| STREET ADDRESS | LIBERTY PARK           |                                            |
| CITY-ST-ZIP    | FRAZER, PA 00000       |                                            |
| TITLE          | VSD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | APLINGTON, DAVID R.    |                                            |
| STREET ADDRESS | LIBERTY PARK           |                                            |
| CITY-ST-ZIP    | FRAZER, PA 00000 19355 |                                            |
| TITLE          | V                      | <input type="checkbox"/> DELETE            |
| NAME           | NESSPOR, THOMAS B.     |                                            |
| STREET ADDRESS | LIBERTY PARK           |                                            |
| CITY-ST-ZIP    | FRAZER, PA 00000 19355 |                                            |
| TITLE          | VD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | EARL W. BAUCOM         |                                            |
| STREET ADDRESS | LIBERTY PARK           |                                            |
| CITY-ST-ZIP    | FRAZER, PA 00000 19355 |                                            |
| TITLE          | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | SNYDER, DANIEL C       |                                            |
| STREET ADDRESS | LIBERTY PARK           |                                            |
| CITY-ST-ZIP    | FRAZER, PA 00000 19355 |                                            |
| TITLE          | V                      | <input type="checkbox"/> DELETE            |
| NAME           | SARCIA, DOUGLAS A.     |                                            |
| STREET ADDRESS | LIBERTY PARK           |                                            |
| CITY-ST-ZIP    | FRAZER, PA 00000       |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <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 checked="" type="checkbox"/> Addition |
| 2.2 NAME           | V/S/D                                                                        |
| 2.3 STREET ADDRESS | Susan E. Martin                                                              |
| 2.4 CITY-ST-ZIP    | Liberty Park, Frazer, PA 19355                                               |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | V/D/T/CFD                                                                    |
| 4.3 STREET ADDRESS | Dennis E. Brady                                                              |
| 4.4 CITY-ST-ZIP    | Liberty Park, Frazer, PA 19355                                               |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | P/D                                                                          |
| 5.3 STREET ADDRESS | David J. Miller                                                              |
| 5.4 CITY-ST-ZIP    | Liberty Park, Frazer, PA 19355                                               |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Malinyak 7/8/96 610-648-4813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)

810333

2-5

**PROVIDIAN LIFE AND HEALTH INSURANCE COMPANY**  
**ADDITIONAL OFFICERS AND DIRECTORS**

**Chairman of the Board & CEO**

Shailesh J. Mehta  
400 W. Market Street  
Louisville, KY 40202

**Chief Operating Officer & Director**

Stephen J. Leaman  
20 Moores Road  
Frazer, PA 19355

**Senior Vice President & Director**

John H. Rogers  
20 Moores Road  
Frazer, PA 19355

**Senior Vice President & Director**

Martin Renninger  
20 Moores Road  
Frazer, PA 19355

**Senior Vice President & Director**

Paul Yakulis  
20 Moores Road  
Frazer, PA 19355

**Vice President**

Brian Alford  
20 Moores Road  
Frazer, PA 19355

**Vice President**

Edward A. Biemer  
20 Moores Road  
Frazer, PA 19355

**Vice President**

Rita Biesiot  
400 W. Market Street  
Louisville, KY 40202

**Vice President**

Michele Coan  
400 W. Market Street  
Louisville, KY 40202

3-5

|                                                       |                                                                     |
|-------------------------------------------------------|---------------------------------------------------------------------|
| <b>Vice President</b>                                 | Charles N. Coatsworth<br>20 Moores Road<br>Frazer, PA 19355         |
| <b>Vice President &amp; Associate General Counsel</b> | Julie S. Congdon<br>20 Moores Road<br>Frazer, PA 19355              |
| <b>Vice President</b>                                 | Richard A. Babyak<br>20 Moores Road<br>Frazer, PA 19355             |
| <b>Vice President</b>                                 | Joan G. Chandler<br>20 Moores Road<br>Frazer, PA 19355              |
| <b>Vice President</b>                                 | Karen H. Fleming<br>400 W. Market Street<br>Louisville, KY 40202    |
| <b>Vice President</b>                                 | Anita Gambos<br>20 Moores Road<br>Frazer, PA 19355                  |
| <b>Vice President</b>                                 | Gregory J. Garvin<br>400 W. Market Street<br>Louisville, KY 40202   |
| <b>Vice President</b>                                 | Carolyn M. Kerstein<br>400 W. Market Street<br>Louisville, KY 40202 |
| <b>Vice President/Underwriting</b>                    | William J. Kline<br>20 Moores Road<br>Frazer, PA 19355              |
| <b>Vice President</b>                                 | Jeffrey P. Lammers<br>400 W. Market Street<br>Louisville, KY 40202  |
| <b>Vice President</b>                                 | Michael F. Lane<br>400 W. Market Street<br>Louisville, KY 40202     |

4-5

**Vice President**

G. Douglas Mangum, Jr.  
20 Moores Road  
Frazer, PA 19355

**Vice President**

John A. Mazzuca  
20 Moores Road  
Frazer, PA 19355

**Vice President & Director**

Kevin P. McGlynn  
20 Moores Road  
Frazer, PA 19355

**Vice President**

Douglas S. Menges  
20 Moores Road  
Frazer, PA 19355

**Vice President**

Robin Morgan  
400 W. Market Street  
Louisville, KY 40202

**Vice President & Director**

Thomas B. Nesspor  
20 Moores Road  
Frazer, PA 19355

**Vice President**

G. Eric O'Brien  
20 Moores Road  
Frazer, PA 19355

**Vice President**

Harold W. Peterson, Jr.  
20 Moores Road  
Frazer, PA 19355

**Vice President and Actuary**

John C. Prestwood, Jr.  
20 Moores Road  
Frazer, PA 19355

**Vice President**

John R. Pegues  
400 W. Market Street  
Louisville, KY 40202

5-5

|                                                       |                                                                       |
|-------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Vice President</b>                                 | Frank J. Rosa<br>400 W. Market Street<br>Louisville, KY 40202         |
| <b>Vice President &amp; Associate General Counsel</b> | Ellen S. Rosen<br>20 Moores Road<br>Frazer, PA 19355                  |
| <b>Vice President</b>                                 | Douglas A. Sarcia<br>20 Moores Road<br>Frazer, PA 19355               |
| <b>Vice President</b>                                 | Nancy B. Schuckert<br>20 Moores Road<br>Frazer, PA 19355              |
| <b>Vice President</b>                                 | Joseph D. Strenk<br>400 W. Market Street<br>Louisville, KY 40202      |
| <b>Vice President</b>                                 | William W. Strickland<br>400 W. Market Street<br>Louisville, KY 40202 |
| <b>Vice President</b>                                 | Oris R. Stuart, III<br>20 Moores Road<br>Frazer, PA 19355             |
| <b>Vice President</b>                                 | William C. Tomilin<br>400 W. Market Street<br>Louisville, KY 40202    |
| <b>Vice President</b>                                 | Janice L. Weaver<br>400 W. Market Street<br>Louisville, KY 40202      |
| <b>Assistant Secretary</b>                            | Mary Ann Malinyak<br>20 Moores Road<br>Frazer, PA 19355               |