

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 810333 (5)**  
1. Corporation Name  
**PROVIDIAN LIFE AND HEALTH INSURANCE COMPANY**



Principal Place of Business <b>LIBERTY PARK FRAZER PA 19355</b>	Mailing Address <b>LIBERTY PARK FRAZER PA 19355</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>04/29/1955</b>	
				<b>4. FEI Number</b> <b>43-0378030</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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**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 \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	AS	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MALINYAK, MARY ANN			1.2 NAME			
STREET ADDRESS	LIBERTY PARK			1.3 STREET ADDRESS			
CITY-ST-ZIP	FRAZER, PA 00000			1.4 CITY-ST-ZIP			
TITLE	VDS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, SUSAN			2.2 NAME			
STREET ADDRESS	LIBERTY PARK			2.3 STREET ADDRESS			
CITY-ST-ZIP	FRAZER PA			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NESSPOR, THOMAS B.			3.2 NAME			
STREET ADDRESS	LIBERTY PARK			3.3 STREET ADDRESS			
CITY-ST-ZIP	FRAZER, PA 00000			3.4 CITY-ST-ZIP			
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADY, DENNIS			4.2 NAME			
STREET ADDRESS	LIBERTY PARK			4.3 STREET ADDRESS			
CITY-ST-ZIP	FRAZER PA			4.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, DAVID			5.2 NAME			
STREET ADDRESS	LIBERTY PARK			5.3 STREET ADDRESS			
CITY-ST-ZIP	FRAZER PA			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SARCIA, DOUGLAS A.			6.2 NAME			
STREET ADDRESS	LIBERTY PARK			6.3 STREET ADDRESS			
CITY-ST-ZIP	FRAZER, PA 00000			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.**

**SIGNATURE:** *Mary Ann Malinyak* 4/27/98 1610-648-4813

CR2E034 (10/97)