

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **818935** (9)

1. Corporation Name

**PROVIDENTMUTUAL LIFE AND ANNUITY COMPANY OF AMERICA**



Principal Place of Business

Mailing Address

300 CONTINENTAL DR  
NEWARK DE 19713-4399  
US

P.O. BOX 15760  
WILMINGTON DE 19850-5760  
US

3. Date Incorporated or Qualified **08/05/1965** 3a. Date of Last Report **04/25/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>23-1619082</b>	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL. FL**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, RICHARD D	1.2 NAME	
STREET ADDRESS	1600 MARKET STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA PA	1.4 CITY-STATE-ZIP	19103
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWELL, LESTER J. JR	2.2 NAME	
STREET ADDRESS	1600 MARKET ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	2.4 CITY-STATE-ZIP	19103
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOESCHE, WILLIAM P	3.2 NAME	
STREET ADDRESS	1600 MARKET STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	3.4 CITY-STATE-ZIP	19103
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, STEPHEN L	4.2 NAME	
STREET ADDRESS	1600 MARKET ST	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	4.4 CITY-STATE-ZIP	19103
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTA, ROSANNE	5.2 NAME	
STREET ADDRESS	1600 MARKET ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	5.4 CITY-STATE-ZIP	19103
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, DAVID NURNEY	6.2 NAME	
STREET ADDRESS	300 CONTINENTAL DR	6.3 STREET ADDRESS	1600 Market Street
CITY-STATE-ZIP	NEWARK DE	6.4 CITY-STATE-ZIP	Philadelphia, PA 19103

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  
W. P. Loesche

Date

(215) 636-5495

Daytime Phone #

CR2E034 (12/95)