

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90145 029 ***550.00

DOCUMENT # 818935

1. Entity Name
PROVIDENTMUTUAL LIFE AND ANNUITY COMPANY OF AMER ✓

Principal Place of Business
**300 CONTINENTAL DR
 NEWARK DE 19713-4399
 US**

Mailing Address
**P O BOX 15750
 WILMINGTON DE 19850-5760
 US**

C0101022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1619082**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERT WILLIAM KLOSS	
STREET ADDRESS	1050 WESTLAKES DR	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	SLO	<input type="checkbox"/> Delete
NAME	POTTER, JAMES G JR.	
STREET ADDRESS	1050 WESTLAKES DRIVE	
CITY-ST-ZIP	BERWYN PA 19312-2419	
TITLE	T	<input type="checkbox"/> Delete
NAME	GATTA, ROSANNE	
STREET ADDRESS	1050 WESTLAKES DRIVE	
CITY-ST-ZIP	BERWYN PA 19312-2419	
TITLE	VPA	<input type="checkbox"/> Delete
NAME	ALAN FURNESS HINKLE	
STREET ADDRESS	1050 WESTLAKES DR	
CITY-ST-ZIP	BERWYN PA 19312-2419	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGE, SARAH COXE	
STREET ADDRESS	1050 WESTLAKES DRIVE	
CITY-ST-ZIP	BERWYN PA 19312-2419	
TITLE		<input type="checkbox"/> Delete

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 Chesterbrook Blvd	
STREET ADDRESS	Berwyn, PA 19312	
CITY-ST-ZIP	Berwyn, PA 19312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 Chesterbrook Blvd	
STREET ADDRESS	Berwyn, PA 19312	
CITY-ST-ZIP	Berwyn, PA 19312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 Chesterbrook Blvd	
STREET ADDRESS	Berwyn, PA 19312	
CITY-ST-ZIP	Berwyn, PA 19312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 Chesterbrook Blvd	
STREET ADDRESS	Berwyn, PA 19312	
CITY-ST-ZIP	Berwyn, PA 19312	
TITLE	VPCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY LYNN Finelli	
STREET ADDRESS	1000 Chesterbrook Blvd	
CITY-ST-ZIP	Berwyn, PA 19312	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/13/00**

Daytime Phone #

CF 1 (X) 14 (5/00)