

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90030 032 ***150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-1619082		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT WILLIAM KLOSS		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN PA 19312		CITY-ST-ZIP		
TITLE	SLO	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, JAMES G JR.		NAME	<i>Linda Springer</i>	
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS	<i>1000 Chesterbrook Blvd</i>	
CITY-ST-ZIP	BERWYN PA 19312-2419		CITY-ST-ZIP	<i>Berwyn, Pa 19312</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTA, ROSANNE		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN PA 19312-2419		CITY-ST-ZIP		
TITLE	VPA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN FURNESS HINKLE		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN PA 19312-2419		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, SARAH COXE		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN PA 19312-2419		CITY-ST-ZIP		
TITLE	VPCF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, MARY LYNN		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN PA 19312		CITY-ST-ZIP		

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/24/01 Daytime Phone # _____

CR2E034 (10/00)

Attack next

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DIRECTORS AND OFFICERS INFORMATION

Last Name	First Name	Middle Name	Suffix	SSN	Date of Birth	Held Since	Ceased Employ	Charged Position	Street	City	ST	Zip	1=Director, 2=Officer, 3=Both, 4=Attorney-in-fact					
Directors and Officers																		
Firelli	Mary	Lynn		176-46-4681	12/23/1955	03	10/07/1996	12/29/2000	728 Lippincott Avenue	Moorestown	NJ	08057						
Hinkle	Alan	Furness		177-38-7288	04/23/1951	03	12/01/1996		1154 Wheatsharf Lane	Abington	PA	19001						
Kloss	Robert	William		178-36-2707	03/30/1949	03	11/01/1994		185 Country Lane	Phoenixville	PA	19460						
Kestner	James	Dontevie		184-48-2801	03/06/1948	01	12/01/1997		1111 Wooded Way	Media	PA	19063						
Springer	Linda	Marie		145-52-6289	06/15/1955	01	10/01/1996		1420 Bronie Court	Lansdale	PA	19446						
Tucker	Jean	Cavell		193-58-2353	02/28/1956	03	02/05/1998		524 Susan Drive	King of Prussia	PA	19406						
Lange	Sarah	Coxe		189-50-7877	10/18/1956	01	12/01/1997		266 Boot Road	Malvern	PA	19355						
Gatta	Rosanne	Locke		196-46-6436	07/12/1955	02	02/01/1994		71 Old Mill Drive	Media	PA	19063						
White	Stephen			224-72-0878	10/13/1949	02	01/02/1997		415 Media Line Road	Broomall	PA	19008						
Assadi	Mehran	Vincent		216-82-8846	07/11/1958	01	11/04/1998		1012 West Wick Lane	Trenton	MD	21093						
Carney	Scott	Philip		118-48-7810	02/25/1956	02	02/05/1998		1003 Easton Road	Willow Grove	PA	19090						
Henry	Timothy	Erich		296-54-3775	11/07/1958	02	02/05/1998		642 Gulph Road	Wayne	PA	19087						
Funck	Michael			557-35-5636	08/09/1960	02	08/04/1999		1310 New Virginia Road	Downingtown	PA	19335						