

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90043 028 ***150.00

DOCUMENT # 818935

1. Entity Name
**PROVIDENTMUTUAL LIFE AND ANNUITY COMPANY OF AMER
 ICA**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPRINGER, LINDA			NAME			
STREET ADDRESS	1000 CHESTERBROOKE RD			STREET ADDRESS			
CITY-ST-ZIP	BERWYN PA 19312			CITY-ST-ZIP			
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 REQUIRED** 1/25/02 610-407-1508
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

02-20-2002

CR2E034 (9/01)