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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

820799 **DOCUMENT** #

## PROVIDENT NATIONAL ASSURANCE COMPANY

|                                | tain Square<br>nooga, Tennessee<br>37402   | l Fountain<br>Chattanoog    |               |                | •           |                       | DO NOT WRITE  3. Date Incorporated or Qualified  10/16/1967                     | IN THIS SPA                  | CE       |                            |
|--------------------------------|--|-----------------------------|---------------|----------------|-------------|-----------------------|---|------------------------------|----------|----------------------------|
| 2. Principal F                 | Place of Business  | 2a. Mailing Add             | Iress         |                |             |                       | 4. FEI Number   |                              | Ar       | oplied For                 |
| 21                             |  | 26                          |               |                |             |                       | 42-0930962  |                              | No       | ot Applicable              |
| Suite, Apt.                    | #, etc   | Suite, Apt. (               |               |                |             |                       | 5. Certificate of Status Desired  | <u> </u>                     |          | Additional<br>equired      |
| City & Stat                    | e  | City & State                |               |                |             |                       | Election Campaign Financing     Trust Fund Contribution                         |                              |          | May Be<br>to Fees          |
| Zip .<br>24                    | Country 25   | Zıp<br><b>29</b>            | 30            | Country        | '<br>       |                       | This corporation owes or has paid<br>Personal Property Tax due June 3           | 30. 🕱 Ye                     | es [     | angible<br>No              |
|                                | 9. Name and Address of Curre   | int Registered Agent        |               | ,              | ,           |                       | 10. Name and Address of New Reg   | istered Age                  | nt       |                            |
| ml and de                      |  |                             |               | 81             | Nar         | ne                    |   |                              |          |                            |
| Florida Insurance Commissioner |  |                             |               | 82             | Stre        | et Addre              | ss (P.O. Box Number is Not Acceptable   | e)                           |          | <del></del>                |
| Capitol Building               |  |                             |               |                |             |                       |   | -,                           |          |                            |
| Tallana                        | assee, FL 32304  |                             |               | 83             |             |                       |   |                              |          |                            |
|                                |  |                             |               | 84             | City        |                       |   | FL                           | 5 Zip i  | Code                       |
| office or r                    | to the provisions of Sections 607.05 egistered agent, or both, in the Staten familiar with, and accept the oblig | e of Florida. Such cha      | nge was autho | orized by      | the c       | ed corpo<br>orporatio | ration submits this statement for the pun's board of directors. I hereby accept | rpose of cha<br>the appointm | nging it | s registered<br>registered |
| SIGNATURE                      | Signature: Typica or pointed the in 01 registered at   | ant and tills if somlesting | (NOTE: Re     | Distanced & ne | rir sinns   | lure rozucion         | when reinstating)   | DATE                         |          |                            |
| 12.                            | 7  | ND DIRECTORS                | (NOTE NO      | 13.            | : i, aigire | nore required         | ADDITIONS/CHANGES TO OFFICE   |                              | RECTOR   | RS IN 12                   |
| TITLE                          |  |                             | ELF <b>TE</b> | 1.1 TITLE      |             | 7                     |   |                              | Change   | Addition                   |
| NAME                           |  |                             |               | 1.2 NAME       |             |                       |   | •                            | -        | _                          |
| STREET ADDRESS                 | See attached li  | st.                         |               | 1.3 STREET     | ADDRES      | is                    |   |                              |          |                            |
| CITY - ST - ZIP                |  |                             |               | 1.4 CITY-S     | T- 71P      |                       |   |                              |          |                            |
| TITLE                          |  | ] 🔲                         | ELETE         | 2.1 TITLE      |             |                       |   |                              | Change   | ☐ Addition                 |
| NAME                           |  |                             |               | 2.2 NAME       |             |                       |   |                              |          |                            |
| STREET ADDRESS                 |  |                             |               | 2.3 STREET     | ADDRES      | is l                  |   |                              |          |                            |
| CITY-ST-ZIP                    |  |                             |               | 2 4 CITY-S     |             |                       |   |                              |          |                            |
| TITLE                          |  |                             | ELETÉ         | 31 TITLE       |             |                       |   |                              | Change   | ☐ Addition                 |
| NAME                           |  |                             | Ē             | 3 2 NAME       |             | İ                     |   |                              |          |                            |
| STREET ADDRESS                 |  |                             |               | 3 3 STREET     | ADDRES      | s                     |   |                              |          | ļ                          |
| CITY-ST-ZIP                    |  |                             |               | 3.4. CITY - S  | T-ZIP       |                       |   |                              |          | ĺ                          |
| TITLE                          |  | <b>□</b> 0                  | ELETĒ         | 4.1 TITLE      |             |                       |   |                              | Change   | ☐ Addition                 |

6.4 CITY-ST-ZIP 14. Thereby 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 eath; 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 ori an attachment with an address.

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CHY-SI-ZIP

CITY - ST - ZIP

TITLE

NAME

DICE

NAME

Ralph A. Rogers, Jr.

4.3 STREET ADDRESS

4.4 CiTY-\$1-2IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 7IP

5.1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

January 23, 1998 (423) 755-1373

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\*\*\*150.00

**FILED** 

Mar 24 1998 8:00am

Secretary of State

Change

Addition

Addition

## PROVIDENT NATIONAL ASSURANCE COMPANY FIN: 42-0930962 ATTACHMENT TO FLORIDA CORPORATE ANNUAL REPORT

| Line 12 1.1 V/S 1.2 ROTH, SUSAN NANCE 1.3 2913 REYNARD TRAIL 1.4 SIGNAL MT, TN 37377   | SAME          | Line 13 |                             |        |
|--|---------------|---------|-----------------------------|--------|
| 2.1 P<br>2.2 JONES, EUGENE A.<br>2.3 1 FOUNTAIN SQUARE<br>2.4 CHATTANOOGA, TN 37402  | DELETE        |         |                             |        |
| 3.1 V<br>3.2 CHANDLER, J. HAROLD<br>3.3 1 FOUNTAIN SQUARE<br>3.4 CHATTANOOGA, TN 37402   |               | P/D     | •                           | CHANGE |
| 4.1 DV<br>4.2 WATJEN, THOMAS R.<br>4.3 1 FOUNTAIN SQUARE<br>4.4 CHATTANOOGA, TN 37402  | SAME          |         |                             |        |
| 5.1 V<br>5.2 BEST, ROBERT O.<br>5.3 1 FOUNTAIN SQUARE<br>5.4 CHATTANOOGA, TN 37402   | DELETE        |         |                             |        |
| 6.1 V<br>6.2 HEYS, THOMAS B. JR.<br>6.3 1 FOUNTAIN SQUARE<br>6.4 CHATTANOOGA, TN 37402   | SAME          |         |                             |        |
| <ul> <li>7.1 D</li> <li>7.2 JOHNSON, WILLIAM B.</li> <li>7.3 THE RITZ CARLTON HOTEL COM<br/>3414 PEACHTREE ROAD, NE, ST.</li> <li>7.4 ATLANTA, GA 30326</li> </ul> |               |         | TE 2075<br>4 PEACHTREE ROAD | CHANGE |
| <ul> <li>8.1 D</li> <li>8.2 PROBASCO, JR., SCOTT L.</li> <li>8.3 SUNTRUST BANK</li></ul>   | SAME<br>(N/A) |         |                             |        |

## PROVIDENT NATIONAL ASSURANCE COMPANY FIN: 42-0930962 ATTACHMENT TO FLORIDA CORPORATE ANNUAL REPORT

| Line 12  | 0445       | Line 13  |
|--|------------|--|
| 9.1 D 9.2 SORENSEN, BURTON E. 9.3 SAND SPRING ROAD 9.4 MORRISTOWN, NJ 07960                        | SAME       |  |
| 10.1 D<br>10.2 ARMSTRONG, WILLIAM L.<br>10.3 1625 BROADWAY, SUITE 780<br>10.4 DENVER, CO 80202     | SAME       |  |
| 11.1 D<br>11.2 HEFFNER, CHARLOTTE MACLELLA<br>11.3 3655 RANDALL HALL, NW<br>11.4 ATLANTA, GA 30327 | SAME<br>AN |  |
| 12.1 D<br>12.2 MACLELLAN, JR., HUGH O.<br>12.3 1 FOUNTAIN SQUARE<br>12.4 CHATTANOOGA, TN 37402     | SAME       |  |
| 13.1 V<br>13.2 ROGERS JR., RALPH A.<br>13.3 1 FOUNTAIN SQUARE<br>13.4 CHATTANOOGA, TN 37402        | SAME       |  |
| 14.1 V<br>14.2 BLANKENSHIP, T. KENNETH<br>14.3 1 FOUNTAIN SQUARE<br>14.4 CHATTANOOGA, TN 37402     | DELETE     |  |
| 15.1 V<br>15.2 FELTON, GLENN P.<br>15.3 1 FOUNTAIN SQUARE<br>15.4 CHATTANOOGA, TN 37402            | DELETE     |  |
| 16.1 V<br>16.2 SHELL, GEORGE A.<br>16.3 1 FOUNTAIN SQUARE<br>16.4 CHATTANOOGA, TN 37402            | DELETE     |  |
| 17.1 V<br>17.2 GARTLAND, TIMOTHY<br>17.3 1 FOUNTAIN SQUARE<br>17.4 CHATTANOOGA, TN 37402           | DELETE     |  |
| 18.1 V<br>18.2 OLINGY, JEFFERY F.<br>18.3 1 FOUNTAIN SQUARE<br>18.4 CHATTANOOGA, TN 37402          | SAME       |  |
| 19.1<br>19.2<br>19.3<br>19.4   |            | D ADD<br>BOLINDER, WILLIAM H.<br>1400 AMERICAN LANE<br>SCHAMBURG, IL 60196 |