

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90442 012 ***150.00

DOCUMENT # 820799

1. Entity Name

PROVIDENT NATIONAL ASSURANCE COMPANY

Principal Place of Business

Mailing Address

1 FOUNTAIN SQUARE
CHATTANOOGA TN 37402
US

1 FOUNTAIN SQUARE
CHATTANOOGA TN 37402
US

2. Principal Place of Business

3. Mailing Address

3075 SANDERS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HIA

City & State

City & State

NORTHBROOK, IL

Zip

Country

Zip

Country

60062 USA, COOK

4. FEI Number

42-0930962

Applied For

Not Applicable

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

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	☒ Delete
NAME	ROTH, SUSAN NANCE	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	VD	☒ Delete
NAME	ROSEN, ELAINE D	
STREET ADDRESS	2211 CONGRESS ST	
CITY-ST-ZIP	PORTLAND ME 04122	
TITLE	D	☒ Delete
NAME	CHANDLER, J. HAROLD	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	DV	☒ Delete
NAME	WATJEN, THOMAS R.	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	V	☒ Delete
NAME	BEST, ROBERT O	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	D	☒ Delete
NAME	REINEMUND, STEVEN S	
STREET ADDRESS	PO BOX 660634	
CITY-ST-ZIP	DALLAS TX 75266-0636	

TITLE	PD	☐ Change ☒ Addition
NAME	THOMAS J. WILSON, II	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	SVD	☐ Change ☒ Addition
NAME	MICHAEL J. VELDITTA	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	VD	☐ Change ☒ Addition
NAME	MARGARET G. DYER	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	VD	☐ Change ☒ Addition
NAME	MARLA G. FRIEDMAN	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V	☐ Change ☒ Addition
NAME	SAMUEL H. PILCH	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V	☐ Change ☒ Addition
NAME	CASEY J. SYLLA	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	

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.

Lynn Cirincione

SIGNATURE: *Lynn Cirincione*

Authorized Representative 16/01 (847) 402-3029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)