

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candice B. McInerney  
Secretary of State  
Division of Corporations

DOCUMENT # 857204 (2)

1. Corporation Name

~~CAPITAL ENTERPRISES INSURANCE COMPANY~~  
PROVIDIAN PROPERTY AND CASUALTY INSURANCE COMPANY  
(effective 7/1/95)

Principal Place of Business

11975 WESTLINE INDUSTRIAL DR.  
P O BOX 34420  
ST. LOUIS MO 63146

Mailing Address

11975 WESTLINE INDUSTRIAL DR.  
P O BOX 34420  
ST. LOUIS MO 63146

95 MAY -1 PM 12:37

900001504589

-06/02/95--01037--001  
\*\*\*200.00 \*\*\*200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

07/26/1983

04/29/1994

4. FEI Number

61-6027355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.031, 607.032, and 607.033, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.032, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent or Registered Agent for the Corporation

Signature of New Registered Agent or Registered Agent for the Corporation

DATE

12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | CEO                      |
| NAME           | SHAILESH J. MEHIA        |
| STREET ADDRESS | 102 JOSEPH'S WAY         |
| CITY, ST, ZIP  | FRAZER PA 19355          |
| TITLE          | VCO                      |
| NAME           | SMITH, RICHARD H.        |
| STREET ADDRESS | 1807 CHESTNUT HOLLOW LAN |
| CITY, ST, ZIP  | WEST CHESTER PA          |
| TITLE          | SVP                      |
| NAME           | EARL W. BAUCOM,          |
| STREET ADDRESS | 805 ROBERTS WAY          |
| CITY, ST, ZIP  | KENNETT SQUARE PA        |
| TITLE          | V                        |
| NAME           | GODWIN, PAMELA H         |
| STREET ADDRESS | 219 GREEN BRIAR LN       |
| CITY, ST, ZIP  | HAVERTOWN PA             |
| TITLE          | SVPS                     |
| NAME           | DEHAVEN, MIAHAEL A.      |
| STREET ADDRESS | 9758 OLD WARSON ROAD     |
| CITY, ST, ZIP  | ST. LOUIS MO             |
| TITLE          | V                        |
| NAME           | SARCIA, DOUGLAS          |
| STREET ADDRESS | 424 CHRISLENA LANE       |
| CITY, ST, ZIP  | WEST CHESTER PA          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                                    |
|--------------------|------------------------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 2. NAME            |                                                                                    |
| 3. STREET ADDRESS  |                                                                                    |
| 4. CITY, ST, ZIP   |                                                                                    |
| 5. TITLE           | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6. NAME            |                                                                                    |
| 7. STREET ADDRESS  |                                                                                    |
| 8. CITY, ST, ZIP   |                                                                                    |
| 9. TITLE           | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 10. NAME           |                                                                                    |
| 11. STREET ADDRESS |                                                                                    |
| 12. CITY, ST, ZIP  |                                                                                    |
| 13. TITLE          | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 14. NAME           | Daniel C. Snyder                                                                   |
| 15. STREET ADDRESS | 52 Rabbit Run Lane                                                                 |
| 16. CITY, ST, ZIP  | Glenmoore, PA 19353                                                                |
| 17. TITLE          | V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           | David R. Aplington                                                                 |
| 19. STREET ADDRESS | 909 Jessica Terrace                                                                |
| 20. CITY, ST, ZIP  | Downingtown, PA 19335                                                              |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 22. NAME           |                                                                                    |
| 23. STREET ADDRESS |                                                                                    |
| 24. CITY, ST, ZIP  |                                                                                    |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information included 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 oath. I am an officer or director of the corporation or the receiver or transfer agent required 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 as an attachment with no address.

SIGNATURE:

*Mary Ann Maloney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Agent

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**PROVIDIAN PROPERTY AND CASUALTY INSURANCE COMPANY**  
**ADDITIONAL OFFICERS AND DIRECTORS**

Richard J. Potter  
1504 Maywood Avenue  
Ruxton, MD 21204-3651

President & Director

Thomas P. Bowie  
20 Moores Road  
Frazer, PA 19355

Senior Vice President

Niels Christiansen  
20 Moores Road  
Frazer, PA 19355

Senior Vice President

Brian Duffy  
1616 Bow Tree Drive  
West Chester, PA 19380

Senior Vice President

John H. Rogers  
4 Dixie Drive  
New London, NH 03257

Senior Vice President

Paul Yakulis  
708 Woodcrest Circle  
Radnor, PA 19087

Senior Vice President

Michael D. Keeler  
20 Moores Road  
Frazer, PA 19355

Vice President

Anita R. Tilley  
8 Treaty Drive  
Wayne, PA 19087

Vice President & Treasurer

John A. Mazzuca  
105 Edmonds Avenue  
Drexel Hill, PA 19030

Vice President & Assistant  
Treasurer

David J. Miller  
1451 Brandywine Lane  
Wayne, PA 19087

Vice President

Faye L. Moore  
5106 Wynnefield Avenue  
Philadelphia, PA

Vice President

Thomas B. Nesspor  
7 Waterview Road  
RD #2  
Downingtown, PA 19335

Vice President

William G. Shirley  
1650 Farnham Lane  
Downingtown, PA 19335

Vice President

Charles F. Talaber  
33 Rabbit Run Lane  
Glenmoore, PA 19343

Vice President

Anthony F. Yacenda  
136 West Devon Drive  
Exton, PA 19341

Vice President

Irving W. Bailey  
3017 Running Deer Circle  
Louisville, KY 40241

Director

Joseph M. Tumbler  
25 Poplar Hill Road  
Louisville, KY 40207

Director

Robert L. Walker  
156 Totem Road  
Louisville, KY 40207

Director

Mary Ann Malinyak  
101 Peter DeHaven Drive  
Phoenixville, PA 19460

Assistant Secretary