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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02518 (9)
1. Corporation Name
FIRST PROVIDIAN LIFE AND HEALTH INSURANCE COMPAN
Y



Principal Place of Business Mailing Address
520 COLUMBIA DRIVE 520 COLUMBIA DRIVE
JOHNSON CITY NY 13780 JOHNSON CITY NY 13780-3305

3. Date Incorporated or Qualified 06/25/1984
3a. Date of Last Report 07/17/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 21-1743523 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD NESSPOR, THOMAS B. LIBERTY PARK FRAZER PA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VSD MARTIN, SUSAN E LIBERTY PARK FRAZER PA 19355	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	CEOP MILLER, DAVID J LIBERTY PARK FRAZER PA 19355	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VDCF BRADY, DENNIS E LIBERTY PARK FRAZER PA 19355	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	AS MALINYAK, MARY ANN ASST LIBERTY PARK FRAZER PA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D BRIAN HOWARD PERRY 47 GRAND AVENUE JOHNSON CITY NY 13780	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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; 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 on an attachment with an address.

SIGNATURE: Mary Ann Malinyak MARY ANN MALINYAK 3/31/97 610-648-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

FIRST PROVIDIAN LIFE AND HEALTH INSURANCE COMPANY
Additional Officers and Directors

Senior Vice President & Director	Martin Renninger 20 Moores Road Frazer, PA 19355
Vice President	Brian Alford 20 Moores Road Frazer, PA 19355
Vice President	Nathan C. Anguiano 400 W. Market Street Louisville, KY 40202
Vice President	Edward A. Biemer 20 Moores Road Frazer, PA 19355
Vice President	Thomas P. Bowie 20 Moores Road Frazer, PA 19355
Vice President	Gregory J. Garvin 400 W. Market Street Louisville, KY 40202
Vice President	Carolyn M. Johnson 400 W. Market Street Louisville, KY 40202
Vice President/Underwriting	William J. Kline 20 Moores Road Frazer, PA 19355
Vice President	Jeffrey P. Lammers 400 W. Market Street Louisville, KY 40202
Vice President & Director	Kevin P. McGlynn 20 Moores Road Frazer, PA 19355

Vice President

**G. Eric O'Brien
20 Moores Road
Frazer, PA 19355**

Vice President

**Daniel H. Odum
100 Nobvel Court, Suite 1200
Alpharetta, GA 30202**

Vice President and Director

**John C. Prestwood, Jr.
20 Moores Road
Frazer, PA 19355**

Vice President

**Nancy B. Schuckert
20 Moores Road
Frazer, PA 19355**

**Vice President, Consumer Services Officer and
Director**

**Rosalie M. Smith
520 Columbia Drive
Johnson City, NY 13790**

Vice President

**Joseph D. Strenk
400 W. Market Street
Louisville, KY 40202**

Director

**I. Donald Britton
210 Williamsburg Road
Ardmore, PA 19003**

Director

**Patricia A. Collins
80 Moeller Street
Binghamton, NY 13904**

Director

**Jack M. Dann
222 Ackley Avenue
Johnson City, NY 13790**

Director

**Jeffrey H. Goldberger
211 Court Street
Binghamton, NY 13902**

Director

**Paul Yakulis
20 Moores Road
Frazer, PA 19355**