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FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 JOHNSON CITY NY 13790	520 COLUMBIA DRIVE JOHNSON CITY NY 13790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1984**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **21-1743523** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ (Signature of president or vice president of the corporation and the Registered Agent) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NESSPOR, THOMAS B.		1.2 NAME		
STREET ADDRESS	LIBERTY PARK		1.3 STREET ADDRESS		
CITY-ST-ZIP	FRAZER PA		1.4 CITY-ST-ZIP		
TITLE	VSO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, SUSAN E		2.2 NAME		
STREET ADDRESS	LIBERTY PARK		2.3 STREET ADDRESS		
CITY-ST-ZIP	FRAZER PA 19355		2.4 CITY-ST-ZIP		
TITLE	CEOP	☒ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	MILLER, DAVID J		3.2 NAME	David G. ReKoski	
STREET ADDRESS	LIBERTY PARK		3.3 STREET ADDRESS	1111 N. Charles St.	
CITY-ST-ZIP	FRAZER PA 19355		3.4 CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	VDCF	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	BRADY, DENNIS E		4.2 NAME	Martha A. McConnell	
STREET ADDRESS	LIBERTY PARK		4.3 STREET ADDRESS	20 Moores Rd.	
CITY-ST-ZIP	FRAZER PA 19355		4.4 CITY-ST-ZIP	Frazer, PA 19355	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MALINYAK, MARY ANN ASST		5.2 NAME		
STREET ADDRESS	LIBERTY PARK		5.3 STREET ADDRESS		
CITY-ST-ZIP	FRAZER PA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRIAN HOWARD PERRY		6.2 NAME		
STREET ADDRESS	47 GRAND AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JOHNSON CITY NY 13790		6.4 CITY-ST-ZIP		

6/6/23

CR2E034 (10/97)

14. 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 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: _____ 6/16/98 10:46:54:26