FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 21 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02558 (5)

1. Corporation Name

LIFE AND HEALTH INSURANCE COMPANY OF AMERICA, IN C.

Principal Place of Business	Mailing Address
2200 WALNUT ST. PHILADLPHIA PA 19103 US	2200 WALNUT ST. PHILADLPHIA PA 19103 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1984 | 3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 23-0757800	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LAWLER, JOSEPH T.
145 DOE TRAIL
JUPITER FL 33458

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MELVYN K.	1.2 NAME	
STREET ADDRESS	914 EXETER CREST	1.3 STREET ADDRESS	
CITY-ST-ZIP	VILLANOVA PA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	KULL, JOSEPH	2.2 NAME	
STREET ADDRESS	3740 GENESEE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LOMBARDO, DENISE R.	3.2 NAME	
STREET ADDRESS	1819 MCKEAN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RANALLI, ANTONIO	4.2 NAME	
STREET ADDRESS	1811 PORTER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ILENE R.	5.2 NAME	
STREET ADDRESS	914 EXETER CREST	5.3 STREET ADDRESS	
CITY-ST-ZIP	VILLANOVA PA	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JONATHAN S.	6.2 NAME	
STREET ADDRESS	226 RITTENHOUSE SQ 216	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Antonio Ranalli 4/11/95 215-567-1246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTONIO RANALLI, DIRECTOR

0397101 FP