

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P02558 (5)**

1. Corporation Name

**LIFE AND HEALTH INSURANCE COMPANY OF AMERICA, INC.**



Principal Place of Business

Mailing Address

**2200 WALNUT ST.  
PHILADLPHIA PA 19103  
US**

**2200 WALNUT ST.  
PHILADLPHIA PA 19103  
US**

<b>3.</b> Date Incorporated or Qualified <b>06/28/1984</b>	<b>3a.</b> Date of Last Report <b>04/21/1995</b>
<b>4.</b> FEI Number <b>23-0757800</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**2.** Principal Place of Business

**2a.** Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

**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

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

**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 (typed or printed name of registered agent and, if applicable, of the Registered Agent signature required when registering) DATE

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

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**-05/20/96--01052--008**  
**\*\*\*200.00**

**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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Ranalli

**4/30/96 215-567-1246**

DATE DAYTIME PHONE #

CR2E034 (12/95)

*5/1/96*