FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 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 # **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 19103-5521 US

3. Date Incorporated or Qualified: **06/28/1984**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **23-0757800** ☐ 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

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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E034 (9/96)

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: Joseph T Lawler 4/28/1997 215-567-1246