

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02558** (5)
1. Corporation Name
LIFE AND HEALTH INSURANCE COMPANY OF AMERICA, INC.

Principal Place of Business 2200 WALNUT ST. PHILADELPHIA PA 19103 US	Mailing Address 2200 WALNUT ST. PHILADELPHIA PA 19103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1984	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-0757800		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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. City				84. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
POC	MILLER, MELVYN K.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
914 EXETER CREST	VILLANOVA PA		
<input type="checkbox"/> DELETE			
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
VP	KULL, JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3740 GENESEE DR	PHILADELPHIA PA		
<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
SD	LOMBARDO, DENISE R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1810 MCKEAN ST.	PHILADELPHIA PA		
<input type="checkbox"/> DELETE			
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TD	RANALLI, ANTONIO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1811 PORTER ST.	PHILADELPHIA PA		
<input type="checkbox"/> DELETE			
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
D	MILLER, ILENE R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
914 EXETER CREST	VILLANOVA PA		
<input type="checkbox"/> DELETE			
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
VD	MILLER, JONATHAN S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
226 RITTENHOUSE SQ 218	PHILADELPHIA PA		
<input type="checkbox"/> DELETE			
		149 Chinaberry Drive	
		Lafayette Hill, PA	

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: Antonio Ranalli Treasurer 04/24/98 215-567-1246

CR2E034 (10/97)