

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90072 035 ***150.00

DOCUMENT # P02558

1. Entity Name

LIFE AND HEALTH INSURANCE COMPANY OF AMERICA, IN

Principal Place of Business

Mailing Address

2200 WALNUT ST.
 PHILADLPHIA PA 19103
 US

2200 WALNUT ST.
 PHILADLPHIA PA 19103-5521
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-0757800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWLER, JOSEPH T.
145 DOE TRAIL
JUPITER FL 33458

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PDC Delete <input type="checkbox"/>	MILLER, MELVYN K. 914 EXETER CREST VILLANOVA PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD Delete <input type="checkbox"/>	WILSON, GRETTA E 2001 HAMILTON ST PHILADELPHIA PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD Delete <input checked="" type="checkbox"/>	LOMBARDO, DENISE R. 1819 MCKEAN ST. PHILADELPHIA PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD Delete <input type="checkbox"/>	RANALLI, ANTONIO 1811 PORTER ST. PHILADELPHIA PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D Delete <input type="checkbox"/>	MILLER, ILENE R. 914 EXETER CREST VILLANOVA PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD Delete <input type="checkbox"/>	MILLER, JONATHAN S. 149 CHINABERRY DRIVE LAFAYETTE HILL PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonio Ranalli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTONIO RANALLI, TREASURER

Date: 4/12/00 Daytime Phone #: 215-567-1246

CF 034-13477