## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Susan A. Sweeney

SUSAN A. SWEENEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # P04346  1. Entity Name PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY						02-11-2008 9	-			
Principal Plac	e of Business		_	7.4"						
17800 ROYALTON RD STRONGSVILLE, OH 44136 US		Mailing Address 17800 ROYALTON RD STRONGSVILLE, OH 441	36 US							
						<u> </u>	1 <b>14 (41</b> 4 <b>6</b> 41			
2. Principal Place of Business - No P.O. Box # 250 E. 5th Street		3. Mailing Address 250 E. 5th Street		] 11 <b>11111111111111111</b>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Number			Ap	plied For	
Cincinnati, Ohio		Cincinnati, Ohio			23-1335	885		No	t Applicable	
Zip Country 45202 USA		Zip			5. Certificate o	of Status Desired		<b>B.75</b> Add		
6. Name and Address of Current I		L_ <u></u>		<del></del>	7. Name and A	Address of New Re				
				Name .						
CHIEF FINANCIAL OFFICER			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
200 E. GA	6200 (32314-6200) INES ST		Sitest Address (1.0. box Multiper is 140t Acceptable)							
	SSEE, FL 32399-0000									
			City		<del></del>	<del></del> _	FL	Zip Code	<del></del>	
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. I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE										
And the state of t										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees										
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/C	CHANGES TO OFFIC	CERS AND D	IRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	HILL, BILLY 5508 PARKCREST DR		NAME STREET ADDRESS							
CITY-ST-ZIP	AUSTIN, TX 78731		CITY-ST-ZIP							
TITLE	Т	☐ Delete	TITLE	T				Change	X Addition	
NAME	VICKERS, DAVID I		NAMÉ		ul A. Sev					
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP	5508 Parkcrest Drive Austin, Texas 78731						
	VP			Au	stin, Tex	as /0/31		7 Channa	Addition	
TITLE NAME	SWEENEY, SUSAN A	☐ Delete	TITLE NAME	-			L	_ Change	Addition	
STREET ADDRESS	6201 JOHNSON DR		STREET ADDRESS						ļ	
CITY-ST-ZIP	MISSION, KS 66202		CITY-ST-ZIP		<u> </u>			<del></del> -		
TITLE	VP	☐ Delete	TITLE					] Change	☐ Addition	
NAME STREET ADDRESS	ARNOTE, PATRICIA R 6201 JOHNSON DR		NAME Street address							
CITY-ST-ZIP	MISSION, KS 66202		CITY-ST-ZIP						ı	
TITLE	<del></del>	☐ Delete	TITLE					] Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE	<u> </u>	□ Delete	TITLE			<del></del>		Change	Addition	
NAME		· Ocisis	NAME				٠ ـ ـ	5		
STREET ADDRESS	. •		STREET ADDRESS							
CITY+ST-ZIP	<u> </u>		CITY-ST-ZIP			<del></del>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										

01/23/08

Date

(913) 261-6502

Daytime Phone #