

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 809805 (5)
1. Corporation Name
NETWORK AMERICA LIFE INSURANCE COMPANY



Principal Place of Business: **3440 LEHIGH ST. ALLENTOWN PA 18103 US**
Mailing Address: **3440 LEHIGH ST. ALLENTOWN PA 18103 US**

3. Date Incorporated or Qualified: **05/13/1954**
3a. Date of Last Report: **08/04/1995**
4. FEI Number: **23-2603386**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**COMMISSIONER OF INSURANCE
J EDWIN LARSON BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

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 fee in application; (FEE) Registered Agent Signature required when reinstating; Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | PDC | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIT, IRVING | 12 NAME | |
| STREET ADDRESS | 1831 INDEPENDENCE CRT. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARDEN, A.J. | 22 NAME | |
| STREET ADDRESS | 6286 SCHANTZ RD. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA | 24 CITY-ST-ZIP | |
| TITLE | SD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STANGHERLIN, DOMENIC P. | 32 NAME | |
| STREET ADDRESS | 2291 BISHOP RD. . | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA | 34 CITY-ST-ZIP | |
| TITLE | ST | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRILL, MICHAEL FRANCIS | 42 NAME | |
| STREET ADDRESS | 40 IROQUOIS DR. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ROYERSFORD PA | 44 CITY-ST-ZIP | |
| TITLE | VD | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUM, JACK DAVID | 52 NAME | |
| STREET ADDRESS | 2918 ARONAMINK PLACE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MACUNGIE PA | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Michael J. Grill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/96 610-965-2225
Date Date of Filing

CR2E034 (3/96)