

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

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 809805 (5) NC 12/19/97

1. Corporation Name  
~~NETWORK AMERICA LIFE INSURANCE COMPANY~~  
NAME CHANGED TO  
PENNTREATY NETWORK AMERICA INSURANCE COMPANY



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

Mailing Address: 3440 LEHIGH ST. ALLENTOWN PA 18103 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 05/13/1954

4. FEI Number: 23-2603386

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 (81-85)

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)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	LEVIT, IRVING	
STREET ADDRESS	1831 INDEPENDENCE CRT.	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARDEN, A.J.	
STREET ADDRESS	6286 SCHANTZ RD.	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STANGHERLIN, DOMENIC P.	
STREET ADDRESS	2291 BISHOP RD.	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRILL, MICHAEL FRANCIS	
STREET ADDRESS	40 IROQUOIS DR.	
CITY-ST-ZIP	ROYERSFORD PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAUM, JACK DAVID	
STREET ADDRESS	2918 ARONAMINK PLACE	
CITY-ST-ZIP	MACUNGIE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	400002418240	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-02/02/98--01029--018	
5.3 STREET ADDRESS	***150.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEVIT, GLEN A	
6.3 STREET ADDRESS	1924 WEST LIVINGSTON ST	
6.4 CITY-ST-ZIP	ALLENTOWN PA 18103	

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 \_\_\_\_\_

CR2E034 (10/97)