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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

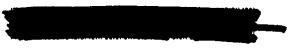
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

-NETWORK AMERICA LIFE INSURANCE COMPANY

FILED Feb 02 1998 8:00am Secretary of State



NAME CHANGED TI							
PENNTREATI NETWORK AMENIA INSU. Principal Place of Business Mailing Address 3440 LEHIGH ST. ALLENTOWN PA 18103 US US			TYNIE COMPANY		DO NOT WRITE IN THIS	SPACE	
00		55			3. Date Incorporated or Qualified 05/13/1954	or NOE	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 23-2603386	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			· · · · · · · · · · · · · · · · · · ·		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 3	Country		This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
	MMISSIONER OF INSURANCE						
J EDWIN LARSON BUILDING TALLAHASSEE FL 32301				82 Street Address (P.O. Box Number is Not Acceptable)			
			63				
			84	City		85 Zip Code	
			0-7	Oily	FL	_ 185 2.1p 0000	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obliga-	of Florida. Such change was aut	thorized by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agon	Land Ide if applicable (NOTE F	logistared Ager	it signature requir	red when reinstating) DATF		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PDC	L_ DELETE	1.1 TITLE	1) C	Change Addition	
NAME	LEVIT, IRVING		1.2 NAME				
STREET ADDRESS	1831 INDEPENDENCE CRT.		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY - ST	- Z IP			
TITLE			2.1 TITLE			☐ Change ☐ Addition	
NAME	CARDEN, A.J.		2.2 NAME				
STREET ADDRESS	6286 SCHANTZ RD.		2.3 STREET /	ADORESS			
CITY-ST-ZIP	ALLENTOWN PA		2. 4 CITY - S	T- ZIP			
TITLE	80	☐ DELETE	3.1 TITLE	}		Change Addition	
NAME	STANGHERLIN, DOMENIC P.		3.2 NAME	1			
STREET ADDRESS	2291 BISHOP RD		3.3 STREET A	ADORESS			
CITY-ST-ZIP	ALLENTOWN PA	· · · · · · · · · · · · · · · · · · ·	3.4. CITY - S ³	r-ziP			
TITLE	ST COULT TO A SOLICE	L. J DELETE	4.1 TITLE			Change Addition	
NAME	GRILL, MICHAEL FRANCIS		4. 2 NAME				
STREET ADDRESS	40 IROQUOIS DR.		4.3 STREET A	ADDRESS			
CITY-ST-ZIP	ROYERSFORD PA		4.4 CHY-ST	- ZIP		·	
TITLE	VD	☐ DELETE	5 1 TITLE		4000024182	Shange Addition	
NAME	BAUM, JACK DAVID	11	5.2 NAME	İ	-02/02/98010290	10 04 20	
STREET ADDRESS	2918 ARONAMINK PLACE		5 3 STREET #	ADDRESS	***150.00	18/2	
CITY-ST-ZIP	MACUNGIE PA		5.4 CITY - ST				
TITLE		☐ DELETE	6.1 TITLE	P	D	Change 🔀 Addition	
NAME			6.2 NAME	L	EVIT, GLEN A 924 WEST LIVINGSTON	<u></u>	
STREET ADDRESS			6.3 STREET #	ADDRESS /	924 WEST LIVINGSTON	3/	
CITY-ST-ZIP			6.4 CITY - ST	-ZIP A	LLENTOWN PA 181	<i>v</i> 5	

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.