


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90011 037 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 809805
 1. Corporation Name
PENN TREATY 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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/13/1954 | |
| 21 | | 26 | | 4. FEI Number 23-2603386 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| 24 | Zip | 25 | Country | 29 | Zip |
| | | | | 30 | Country |

| | | | | | |
|---|--|--|--|--|--|
| 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 |

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DC <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIT, IRVING | 1.2 NAME | |
| STREET ADDRESS | 1831 INDEPENDENCE CRT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARDEN, A.J. | 2.2 NAME | |
| STREET ADDRESS | 6286 SCHANTZ RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STANGHERLIN, DOMENIC P. | 3.2 NAME | |
| STREET ADDRESS | 2291 BISHOP RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA | 3.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRILL, MICHAEL FRANCIS | 4.2 NAME | |
| STREET ADDRESS | 40 IROQUOIS DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROYERSFORD PA | 4.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUM, JACK DAVID | 5.2 NAME | |
| STREET ADDRESS | 2918 ARONAMINK PLACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MACUNGIE PA | 5.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIT, GLEN A | 6.2 NAME | |
| STREET ADDRESS | 1924 WEST LIVINGSTON ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA 18103 | 6.4 CITY-ST-ZIP | |

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: *Michael F. Galltrens* MICHAEL F. GALLTREN 9/14/99

CR2E034 (5/99)