

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90033 005 ***550.00

DOCUMENT # 809805

1. Entity Name

PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Principal Place of Business

Mailing Address

3440 LEHIGH ST.
 ALLENTOWN PA 18103
 US

3440 LEHIGH ST.
 ALLENTOWN PA 18103-7001
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2603386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMISSIONER OF INSURANCE
 J EDWIN LARSON BUILDING
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEVIT, IRVING 1831 INDEPENDENCE CRT. ALLENTOWN PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDEN, A.J. 6286 SCHANTZ RD. ALLENTOWN PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANGHERLIN, DOMENIC P. 2291 BISHOP RD. ALLENTOWN PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRILL, MICHAEL FRANCIS 40 IROQUOIS DR. ROYERSFORD PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, JACK DAVID 2918 ARONAMINK PLACE MACUNGIE PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIT, GLEN A 1924 WEST LIVINGSTON ST ALLENTOWN PA 18103	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/C/D Levit, Irving 36 White Pine Road Columbus, NJ 08022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Garden, A. J. 5722 Schantz Road Allentown, PA 18103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stangerlin, Domenic P. 2291 Bishop Road Allentown, PA 18103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Grill, Michael Francis 40 Iroquois Drive Royersford, PA 19468	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Baum, Jack David 2918 Aronimink Place Macungie, PA 18062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Levit, Glen A. 308 N. 36th Court Allentown, PA 18104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael F. Grill

REQUIRED

Michael F. Grill

Date

Daytime Phone #

Treasurer

(610) 965-2222

CR2E034 (9/99)

#809805

661146

Penn Treaty Network America Insurance Company
Document #: 809805
FEIN #: 23-2603386

2000 Uniform Business Report
(Florida Department of State)

12 : Additions/Changes to Officers and Directors *(continued)*

Title: D
Name: Ilchuk, Emile G.
Street Address: 1069 Seventh Street
City-St-Zip: North Catasaqua, PA 18032

Change

Addition

Title: S
Name: Kotsch, Sandra
Street Address: 4609 Sunset Circle
City-St-Zip: Coopersburg, PA 18036

Change

Addition