

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90053 011 ***550.00

DOCUMENT # 809805

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2603386**

Applied For -
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	CPD LEVIT, IRVING 36 WHITE PINE ROAD COLUMBUS NJ 08022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Levit, Irving 3440 Lehigh Street Allentown, PA 18103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDEN, A.J. 5722 SCHANTZ ROAD ALLENTOWN PA 18103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carden, Aloysius J. 3440 Lehigh Street 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 RD. ALLENTOWN PA 18103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stangherlin, Domenic P. 943 Kurtz Street Allentown, PA 18102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRILL, MICHAEL FRANCIS 40 IROQUOIS DRIVE ROYERSFORD PA 19468 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Grill, Michael F. 3440 Lehigh Street Allentown, PA 18103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, JACK DAVID 2918 ARONAMINK PLACE MACUNGIE PA 18062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Baum, Jack D. 3440 Lehigh Street Allentown, PA 18103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTSCH, SANDRA 4609 SUNSET CIRCLE COOPERSBURG PA 18036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kotsch, Sandra 3440 Lehigh Street Allentown, PA 18103 <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: **SIGNATURE REQUIRED** 8/21/02 610-965-2222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

Dr. # 809805

976440

PENN TREATY NETWORK AMERICA INSURANCE COMPANY
FEI # 23-2603386

12. Additions to Officers and Directors in 11:

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

Title: V
Name: Hunt, William W.
St. Address: 3440 Lehigh Street
City-ST-Zip: Allentown, PA 18103



Attachment *Inv. # 809805*
Penn Treaty Network America Insurance Company

(PTNA Life Insurance Company in CA)

976440

August 21, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

Dear Sir or Madam:

Enclosed please find a completed *2002 Uniform Business Report* for Penn Treaty Network America Insurance Company, and check # 458488 in the amount of \$550.00 for the filing fee.

Please do not hesitate to contact me if you have any questions. My direct extension is 3217.

Very truly yours,

PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Michelle I. Roberts

Michelle I. Roberts, Paralegal
Legal Department

Enclosures