

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809805

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: PENN TREATY NETWORK AMERICA INSURANCE COMPANY

**Current Principal Place of Business:**

3440 LEHIGH ST.  
ALLENTOWN, PA 18103 US

**New Principal Place of Business:**

**Current Mailing Address:**

3440 LEHIGH ST.  
ALLENTOWN, PA 18103 US

**New Mailing Address:**

FEI Number: 23-2603386      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: HUNT, WILLIAM W JR  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: V ( ) Delete  
Name: WAITE, CAMERON B  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: V ( ) Delete  
Name: HEYER, JAMES M  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: T ( ) Delete  
Name: CLOUTIER, MARK D  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: VS ( ) Delete  
Name: BAGLEY, JANE M  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: V (X) Delete  
Name: PATTERSON, PATRICK D  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CLOUTIER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

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04/28/2006

\_\_\_\_\_ Date