

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809805

FILED  
Jun 22, 2010  
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:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: BAGLEY, JANE M  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: EVP  
Name: WAITE, CAMERON  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: VP  
Name: BAGLEY, JANE M  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: CFO  
Name: CLOUTIER, MARK  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: D  
Name: BEUTEL, ROBERT  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

Title: D  
Name: FALCONIO, PATRICK E  
Address: 3440 LEHIGH STREET  
City-St-Zip: ALLENTOWN, PA 18103

I hereby 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 all other like empowered.

SIGNATURE: JANE M. BAGLEY

VPS

06/22/2010

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

\_\_\_\_\_  
Date