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(((H100001993773)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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9/8/2010

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## **COVER LETTER**

TO:	Amendment S Division of Co	ection orporations				
SUBJ	ECT:	Penn Treaty Network America I	nsurance Company			
		Name of Cor	poration			
DOC	UMENT NUMI	3ER:8	99805			
The er	nclosed Statemer	nt of Change of Registered Office/	Agent and fee are submitted for filing.			
		spondence concerning this matter to	-			
	_	Name of Cont	act Person			
Firm/Company						
	Address					
		City/State and	Via Foda			
		_	•			
	<del></del>	LCARRAGHAN@PEN	_			
	E-	mail address: (to be used for fut	ure annual report notification)			
For fu	rther informatio	n concerning this matter, please cal				
	Name	of Contact Person	at ( ) Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 c	heck made payable to the Departm	ent of State.			
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR22045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a co	rporation organiza	607.1508, or 617.1508, Florida Sta ed under the laws of the State of		
			ed agent, or both, in the State of Flor	rido.	
	f the corporation: Penn Tree				
2. The principa	d office address: 3440 LEF	iigh st. Alleni	TOWN PA 18103		
3. The muiling	address (if different): 3440	LEHIOH ST. ALI	LENTOWN PA 18103		
4. Date of inco	rponation/qualification:	05/13/1954	Document number:	809805	
5. The name are Florida Depa	nd street address of the cum artment of State: (If resign	rent registered age ed, enter resigned)	nt and registered office on file with	the	
	CORPORATION SERV	ICE COMPANY	, 		
	1201 HAYS ST				
	TALLAHASSEE FL 323	01		₹2 ಟ	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	C T Corporation System			SEP -8	
	ne Island Road	PH STEE			
	***	P.O. Box NOT a	icocpuble		
	Plantation, Florida 33324			9	
The street add	ress of its registered offic il be identical.	e and the street ac	ddress of the business office of its r	egistered agent,	
Such change wanthorized by	vas authorized by resoluti the board, or the corporat	on duly adopted l tion has been noti	by its board of directors or by an of fied in writing of the change.	fficer so	
	//		Jennifer Shanders, Vice President	ient	
-	we're the officer or director  of the appointment as reg,  to comply with the provi  ind i am familiar with and  ging filed merely to reflect  us been notified in writing	istered agent and sions of all statut d accept the oblig t a change in the g of this change.	reneast types here and title agree to act in this capacity, es relative to the proper and complation of my position as registered a registered affice address, I hereby	lete performance ment. Or, if this confirm that the	
By: 5. 76	Corporation System	<b>-</b>	9-8-10 Date		
lf signing on b	tenature of Registered Agent  behalf of an entity:  Somantha Jones  Assistant Secretary  Typed or Printed Name		Detc		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*