## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 809805**

FILED Jaņ 26, 2<u>012</u> Secretary of State

Entity Name: PENN TREATY NETWORK AMERICA INSURANCE COMPANY

**New Principal Place of Business: Current Principal Place of Business:** 

3440 LEHIGH ST.

ALLENTOWN, PA 18103 US

**Current Mailing Address: New Mailing Address:** 

3440 LEHIGH ST

ALLENTOWN, PA 18103 US

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

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

ROBINSON, ROBERT L Name: 3440 LEHIGH STREET Address: City-St-Zip: ALLENTOWN, PA 18103

Title:

Name: VINAS, JOSE

3440 LEHIGH STREET Address: ALLENTOWN, PA 18103 City-St-Zip:

Title: SV

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

Title:

WOZNICKI, EUGENE Name: Address: 3440 LEHIGH STREET City-St-Zip: ALLENTOWN, PA 18103

Title:

Name: CLARK, ALEXANDER M 3440 LEHIGH STREET Address: City-St-Zip: ALLENTOWN, PA 18103

Title:

Name: FALCONIO, PATRICK 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 SV 01/26/2012