

FILED


03 SEP -9 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



700022883177  
09/09/03--01057--005 \*\*\$50.00

CHECK HERE IF MAKING CHANGES

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LEVIT, IRVING 3440 LEHIGH STREET ALLENTOWN, PA 18103	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDEN, A.J. 3440 LEHIGH STREET ALLENTOWN, PA 18103	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANGERLIN, DOMENIC P 943 KURTZ STREET ALLENTOWN, PA 18102	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRILL, MICHAEL FRANCIS 3440 LEHIGH STREET ALLENTOWN, PA 18103	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, JACK DAVID 3440 LEHIGH STREET ALLENTOWN, PA 18103	<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"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Hunt, William W. Jr. 3440 Lehigh Street Allentown, PA 18103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Waite, Cameron B. 3440 Lehigh Street Allentown, PA 18103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Heyer, James M. 3440 Lehigh Street Allentown, PA 18103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Grill, Michael F. 3440 Lehigh Street Allentown, PA 18103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Bagley, Jane M. 3440 Lehigh Street Allentown, PA 18103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Patterson, Patrick D. 3440 Lehigh Street Allentown, PA 18103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE:  **Jane M. Bagley, 9/8/2003 610-965-2222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (1/01/02)

sh 9/7

**PENN TREATY NETWORK AMERICA INSURANCE COMPANY**  
**FEI # 23-2603386**

12. **Additional** Officers and Directors:

Title: D  
Name: Levit, Irving  
St. Address: 3440 Lehigh Street  
City-ST-Zip: Allentown, PA 18103

Title: D  
Name: Carden, Aloysius J.  
St. Address: 3440 Lehigh Street  
City-ST-Zip: Allentown, PA 18103

Title: D  
Name: Baum, Jack D.  
St. Address: 3440 Lehigh Street  
City-ST-Zip: Allentown, PA 18103

Title: D  
Name: Stangherlin, Domenic P.  
St. Address: 3440 Lehigh Street  
City-ST-Zip: Allentown, PA 18103

Title: D  
Name: Ilchuk, Emile G.  
St. Address: 3440 Lehigh Street  
City-ST-Zip: Allentown, PA 18103