PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

2328.75 - 74-97
175.00 - reinst
2503.75

FILED
97 JAN 30 AM 11:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 829061

1. Corporation Name

Health Insurance of Vermont, Inc.
Name Change to American Network Insurance Company

Principal Place of Business	Mailing Address
One Roosevelt Highway Colchester VT 05446	Post Office Box 630 Colchester VT 05446-0630

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: February 13, 1973

5. FEI Number: 03-0211497 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/C	Irving Levit	1731 Independence Court	Allentown,Pennsylvania 18104
V/D	Aloysius J. Carden	5722 Schantz Road	Allentown,Pennsylvania18104
S/D	Domenic P. Stangheriin	2291 Bishop Road	Allentown,Pennsylvania 18103
T/D	Michael F. Grill	40 Iroquois Drive	Royersford, Pennsylvania 19468
V/D	Jack D. Baum	2918 Aronimink Place	Macungie,Pennsylvania 18062
V/D	Glen A. Levit	1924 Livingston Street	Allentown,Pennsylvania 18104
V/D	James Heyer	326 Tatra Drive	Leighton,Pennsylvania 18235
V/D	John W. Mahoney	835 South Prospect Street	Burlington, Vermont 05401
D	Emile G. Ilchuk	1069 7th Street	N.Catasauqua,Pennsylvania 18032

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VB JAN 31 1997

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: Richard J. Lovett, Jr. Street Address (P.O. Box Number is Not Acceptable): 1304 West Busch Boulevard Suite, Apt. #, Etc. City: Tampa State: FL Zip Code: 33612

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***2503.75

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Richard J. Lovett Jr. Date: 1-20-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John W Mahoney John W. Mahoney, Vice President 1/27/97 800-343-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #