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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829061

1. Corporation Name
AMERICAN NETWORK INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE ROOSEVELT HWY. COLCHESTER VT 05446	POST OFFICE BOX 630 COLCHESTER VT 05446-0630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/28/1972

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LOVETT, RICHARD J JR.
1304 WEST BUSCH BLVD.
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVIT, IRVING		1.2 NAME	
STREET ADDRESS	1731 INDEPENDENCE CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA 18104		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARDEN, ALOYSIUS J		2.2 NAME	
STREET ADDRESS	5722 SCHANTZ ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA 18104		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STRANGHERLIN, DOMENIC P		3.2 NAME	
STREET ADDRESS	2291 BISHOP ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA 18103		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRILL, MICHAEL F		4.2 NAME	
STREET ADDRESS	40 IROQUOIS DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYERSFORD PA 19468		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BAUM, JACK D		5.2 NAME	
STREET ADDRESS	2918 ARONIMINK PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MACUNGIE PA 18062		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LEVIT, GLEN A		6.2 NAME	
STREET ADDRESS	1924 LIVINGSTON STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA 18104		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael F. Grill — Michael F. Grill — March 8, 1999 — (610) 965-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #