

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829061

1. Entity Name

AMERICAN NETWORK INSURANCE COMPANY

Principal Place of Business

ONE ROOSEVELT HWY.  
COLCHESTER VT 05446

Mailing Address

POST OFFICE BOX 630  
COLCHESTER VT 18103-7001

2. Principal Place of Business

3440 Lenigh Street

Suite, Apt. #, etc.

3. Mailing Address

3440 Lehigh Street

Suite, Apt. #, etc.

City & State

Allentown, PA

City & State

Allentown, PA

Zip

18103

Country

US

Zip

18103

Country

US

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.



**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | CEOC                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LEVIT, IRVING           |  |
| STREET ADDRESS | 1731 INDEPENDENCE CT.   |  |
| CITY-ST-ZIP    | ALLENTOWN PA 18104      |  |
| TITLE          | VD                      | <input type="checkbox"/> Delete            |
| NAME           | CARDEN, ALOYSIUS J      |  |
| STREET ADDRESS | 5722 SCHANTZ ROAD       |  |
| CITY-ST-ZIP    | ALLENTOWN PA 18104      |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | STRANGHERLIN, DOMENIC P |  |
| STREET ADDRESS | 2291 BISHOP ROAD        |  |
| CITY-ST-ZIP    | ALLENTOWN PA 18103      |  |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | GRILL, MICHAEL F        |  |
| STREET ADDRESS | 40 IROQUOIS DRIVE       |  |
| CITY-ST-ZIP    | ROYERSFORD PA 19468     |  |
| TITLE          | VD                      | <input type="checkbox"/> Delete            |
| NAME           | BAUM, JACK D            |  |
| STREET ADDRESS | 2918 ARONIMINK PLACE    |  |
| CITY-ST-ZIP    | MACUNGIE PA 18062       |  |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | LEVIT, GLEN A           |  |
| STREET ADDRESS | 1924 LIVINGSTON STREET  |  |
| CITY-ST-ZIP    | ALLENTOWN PA 18104      |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | CEO/C/D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Levit, Irving              |  |
| STREET ADDRESS | 36 White Pine Road         |  |
| CITY-ST-ZIP    | Columbus, NJ 08022         |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Stangherline, Domenic P.   |  |
| STREET ADDRESS | 2291 Bishop Road           |  |
| CITY-ST-ZIP    | Allentown, PA 18103        |  |
| TITLE          | P/D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Levit, Glen A.             |  |
| STREET ADDRESS | 308 N. 36th Court          |  |
| CITY-ST-ZIP    | Allentown, PA 18104        |  |
| TITLE          | V/D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Heyer, Jim                 |  |
| STREET ADDRESS | 2332 Meadowbrook Drive     |  |
| CITY-ST-ZIP    | Schnecksville, PA 18078    |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Waite, Cameron             |  |
| STREET ADDRESS | 2055 Miller Road           |  |
| CITY-ST-ZIP    | Pennsburg, PA 18073        |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ilchuk, Emile G.           |  |
| STREET ADDRESS | 1069 Seventh Street        |  |
| CITY-ST-ZIP    | North Catasauqua, PA 18032 |  |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael F. Grill*

Michael F. Grill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

(610) 965-2222

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90111 033 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

American Network Insurance Company  
Document #: 829061  
FEIN #: 03-0211497

Attachment  
829061  
00099787

**2000 Uniform Business Report**  
(Florida Department of State)

# 12 : Additions/Changes to Officers and Directors *(continued)*

Title: S  
Name: Kotsch, Sandra  
Street Address: 4609 Sunset Circle  
City-St-Zip: Coopersburg, PA 18036

☐ Change

☒ Addition