

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 829061**

1. Entity Name

**AMERICAN NETWORK INSURANCE COMPANY**

Principal Place of Business

Mailing Address

ONE ROOSEVELT HWY.  
 COLCHESTER VT 05446

POST OFFICE BOX 630  
 COLCHESTER VT 18103-7001

2. Principal Place of Business

**3440 Lehigh Street**

Suite, Apt. #, etc.

3. Mailing Address

**3440 Lehigh Street**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Allentown, PA**

City & State

**Allentown, PA**

4. FEI Number

**03-0211497**

Applied For

Not Applicable

Zip

**18103**

Country

**US**

Zip

**18103**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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**  
 Treasurer

Date

**(610) 965-2222**  
 Daytime Phone #

CR2E034 (9/99)

Attachment

829061

00099787

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

**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