

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829061

1. Entity Name  
AMERICAN NETWORK INSURANCE COMPANY

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90010 016 \*\*\*550.00

Principal Place of Business  
3440 LENIGH STREET  
ALLENTOWN PA 18103

Mailing Address  
3440 LENIGH STREET  
ALLENTOWN PA 18103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 03-0211497

Applied For  
Not Applicable

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CDCE  
LEVIT, IRVING  
36 WHITE PINE RD  
COLUMBUS NJ 08022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Heyer, Jim  
2332 Meadowbrook Drive  
Schnecksville, PA 18078 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CARDEN, ALOYSIUS J  
5722 SCHANTZ ROAD  
ALLENTOWN PA 18104 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Waite, Cameron  
2055 Miller Road  
Pennsburg, PA 18073 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STRANGHERLIN, DOMENIC P  
2291 BISHOP ROAD  
ALLENTOWN PA 18103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Kotsch, Sandra  
4609 Sunset Circle  
Coopersburg, PA 18036 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GRILL, MICHAEL F  
40 IROQUOIS DRIVE  
ROYERSFORD PA 19468 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Ilchuk, Emile  
1069 Seventh Street  
North Catasauqua, PA 18032 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BAUM, JACK D  
2918 ARONIMINK PLACE  
MACUNGIE PA 18062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LEVIT, GLEN A  
308 N 36TH CT  
ALLENTOWN PA 18104 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F Grill

7-30-01

610-965-2222

Date

Daytime Phone #

CR2E034 (5/01)



*Attachment*  
Penn Treaty Network America Insurance Company

*Doc # 829061*  
*COO74985*

July 31, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32303-1500

**RE: 2001 Uniform Business Report**

Dear Sir or Madam:

Enclosed please find a completed *2001 Uniform Business Report* for American Network Insurance Company, and check # 15720 in the amount of \$550.00 for the filing fee.

Please do not hesitate to contact me if you have any questions. My direct extension is 3217.

Very truly yours,

AMERICAN NETWORK INSURANCE COMPANY

*Michelle I. Roberts*

Michelle I. Roberts, Paralegal  
Legal Department

Enclosures