

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90053 013 \*\*\*550.00

**DOCUMENT # 829061****1. Entity Name**  
**AMERICAN NETWORK INSURANCE COMPANY****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 &amp; State

City &amp; 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. I am familiar with, and accept the obligations of registered agent.****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 13, 2002 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** **CDCE** ☒ Delete  
**NAME** **LEVIT, IRVING**  
**STREET ADDRESS** **36 WHITE PINE RD**  
**CITY-ST-ZIP** **COLUMBUS NJ 08022****TITLE** **CPD** ☒ Change ☐ Addition  
**NAME** **Levit, Irving**  
**STREET ADDRESS** **3440 Lehigh Street**  
**CITY-ST-ZIP** **Allentown, PA 18103****TITLE** **VD** ☒ Delete  
**NAME** **CARDEN, ALOYSIUS J.**  
**STREET ADDRESS** **5722 SCHANTZ ROAD**  
**CITY-ST-ZIP** **ALLENTOWN PA 18104****TITLE** **VD** ☒ Change ☐ Addition  
**NAME** **Carden, Aloysius J.**  
**STREET ADDRESS** **3440 Lehigh Street**  
**CITY-ST-ZIP** **Allentown, PA 18103****TITLE** **D** ☒ Delete  
**NAME** **STRANGHERLIN, DOMENIC P**  
**STREET ADDRESS** **2291 BISHOP ROAD**  
**CITY-ST-ZIP** **ALLENTOWN PA 18103****TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Stangherlin, Domenic P.**  
**STREET ADDRESS** **943 Kurtz Street**  
**CITY-ST-ZIP** **Allentown, PA 18102****TITLE** **TD** ☒ Delete  
**NAME** **GRILL, MICHAEL F**  
**STREET ADDRESS** **40 IROQUOIS DRIVE**  
**CITY-ST-ZIP** **ROYERSFORD PA 19468****TITLE** **TD** ☒ Change ☐ Addition  
**NAME** **Grill, Michael F.**  
**STREET ADDRESS** **3440 Lehigh Street**  
**CITY-ST-ZIP** **Allentown, PA 18103****TITLE** **VD** ☒ Delete  
**NAME** **BAUM, JACK D**  
**STREET ADDRESS** **2918 ARONIMINK PLACE**  
**CITY-ST-ZIP** **MACUNGIE PA 18062****TITLE** **VD** ☒ Change ☐ Addition  
**NAME** **Baum, Jack D.**  
**STREET ADDRESS** **3440 Lehigh Street**  
**CITY-ST-ZIP** **Allentown, PA 18103****TITLE** **VD** ☒ Delete  
**NAME** **HEYER, JIM**  
**STREET ADDRESS** **2332 MEADOWBROOK DRIVE**  
**CITY-ST-ZIP** **SCHNECKSVILLE PA 18078****TITLE** **VD** ☒ Change ☐ Addition  
**NAME** **Heyer, James M.**  
**STREET ADDRESS** **3440 Lehigh Street**  
**CITY-ST-ZIP** **Allentown, PA 18103****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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Doc. # 829061

976438

**AMERICAN NETWORK INSURANCE COMPANY**

**FEI # 03-0211497**

**12. Additions to Officers and Directors in 11:**

Title: D  
Name: Waite, Cameron B.  
St. Address: 3440 Lehigh Street  
City-ST-Zip: Allentown, PA 18103

Title: V  
Name: Hunt, William W.  
St. Address: 3440 Lehigh Street  
City-ST-Zip: Allentown, PA 18103



Attachment Dr. # 829061  
American Network Insurance Company  
976438

August 21, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: 2002 Uniform Business Report**

Dear Sir or Madam:

Enclosed please find a completed *2002 Uniform Business Report* for American Network Insurance Company, and check # 17892 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