829061

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ACCOUNT NO. : 07210000032 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: December 14, 2006 ORDER TIME : 10:11 AM ORDER NO. : 666787-020 CUSTOMER NO: 7554619 CHANGE OF AGENT AMERICAN NETWORK INSURANCE NAME: COMPANY PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Haddan

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, inge is submitted for a corporation organiz ir to change its registered office or register	zed under the laws of the State of P	ENNSYLVANIA
1. The name of t	the corporation: AMERICAN NETWORK	INSURANCE COMPANY	
2. The principal	office address: 3440 Lehigh Street, Allento	own, PA 18103	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/28/1972	Document number: 829061	
	I street address of the current registered age trnent of State:	ent and registered office on file with	ı the
	Lovett, Richard J Jr.		
	1304 West Busch Blvd.		
	Tampa FL 33612		2006 D SECT
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	FILED 2006 DEC 19 AMII: 26 SECRETARY OF STATE VALLAHASSEE, FLORID.
	Corporation Service Company		OF S
	1201 Hays Street		TATE ORIE
	(P.O. Box NOT acceptable)		A
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the street a be identical.	ddress of the business office of its	registered agent,
Such change wa	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officed in writing of the change.	officer so
Irla	use Cell	Maureen Cullen, Attorney-in-Fact	
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and tit l agree to act in this capacity. tes relative to the proper and comp gation of my position as registered registered office address, I hereby	
By: Degl	Service Company Cultury M Cultury C	12/04/2006	
	nature of Registered Agent) half of an entity:	(Date)	
Jacqueline M. Gi	iles, Asst. VP		
(T)	yped or Printed Name)		

* * * FILING FEE: \$35.00 * * *