

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829061

FILED
Jan 26, 2012
Secretary of State

Entity Name: AMERICAN NETWORK INSURANCE COMPANY

Current Principal Place of Business:

3440 LEHIGH STREET
ALLENTOWN, PA 18103

New Principal Place of Business:

Current Mailing Address:

3440 LEHIGH STREET
ALLENTOWN, PA 18103

New Mailing Address:

FEI Number: 03-0211497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CRO
Name: ROBINSON, ROBERT L
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: TV
Name: VINAS, JOSE A
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: SV
Name: BAGLEY, JANE M
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: D
Name: WOZNICKI, EUGENE
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: D
Name: CLARK, ALEXANDER M
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: D
Name: FALCONIO, PATRICK
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE M. BAGLEY

SV

01/26/2012

Electronic Signature of Signing Officer or Director

Date