

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90053 012 ***550.00

DOCUMENT # K87255

1. Entity Name

NETWORK INSURANCE SENIOR HEALTH DIVISION, INC.

Principal Place of Business

**687 ALDERMAN ROAD, #303
PALM HARBOR FL 34683
US**

Mailing Address

**3440 LEHIGH 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

59-2953469

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

PATRICK, WANITA S

687 ALDERMAN ROAD, #303

PALM HARBOR FL 34683

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
LEVIT, IRVING
3440 LEHIGH STREET
ALLENTOWN PA 18103** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
CARDEN, A.J.
3440 LEHIGH STREET
ALLENTOWN PA 18103** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WAITE, CAMERON B
3440 LEHIGH STREET
ALLENTOWN PA 18103** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRILL, MICHAEL F
3440 LEHIGH STREET
ALLENTOWN PA 18103** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PATRICK, TOM
687 ALDERMAN ROAD, #303
PALM HARBOR FL 34683** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PATRICK, WANITA S
687 ALDERMAN ROAD, #303
PALM HARBOR FL 34683** ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/02 610-965-2222

CR2E034 (4/02)



Attachment Dr # K872575-
Penn Treaty Network America Insurance Company
(PTNA Life Insurance Company in CA)
976439

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 Network Insurance Senior Health Division, and check # 458489 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,

PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Michelle I. Roberts

Michelle I. Roberts, Paralegal
Legal Department

Enclosures