

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06836

1. Corporation Name

PENN TREATY LIFE INSURANCE COMPANY

Principal Place of Business

~~3440 LEMMON ST.~~  
~~ALLENTOWN PA 18103-7000~~

Mailing Address

~~3440 LEMMON ST.~~  
~~ALLENTOWN PA 18103-7000~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
1800 Street Road

Suite, Apt. #, etc.  
Warrington PA

City & State

Zip 18976

Country USA

3. New Mailing Office Address, If Applicable  
1800 Street Road

Suite, Apt. #, etc.  
Warrington PA

City & State

Zip 18976

Country USA

4. Date Incorporated or Qualified  
To Do Business In Florida

07/23/1985

5. FEI Number

23-1609619

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DO	LEVI, IRVING	1031 INDEPENDENCE CRT.	ALLENTOWN PA
D/P	ABEL, ALOYSIUS J.	103 GUINNESS LANE	NORTH WALES PA
VO	GARDEN, A. J.	8800 SCHWITZ ROAD	ALLENTOWN PA
V/S	SCHRATZ, MICHAEL M.	3481 POND VIEW DR	CHALFONT PA
SD	STANCHERIN, DOMENIC D.	8004 BISHOP ROAD	ALLENTOWN PA
T	BLECHARCZYK, TED M.	1716 MCNELIS DR.	SOUTHAMPTON PA
TD	GRILL, MICHAEL FRANCIS	48 IRROQUOIS DRIVE	ROYERSFORD PA
D	CAVANAUGH, RICHARD R.	3 QUAIL DR.	DOYLESTOWN PA
VO	BAUM, JACK DAVID	2910 AROMARK PLACE	MAHONIE PA
D	FELTY, RONALD L.	805 COLLEGE AVENUE	ELIZABETHTOWN PA
PD	LEVI, GLEN	1024 W LIVINGSTON CT	ALLENTOWN PA 18104
D	MAIO, CARL A.	3210 ANTLER DRIVE	DOYLESTOWN PA

8. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Bill Nelson*

REGISTERED AGENT MUST SIGN

Date 10/26/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/28/99 800-659-9206  
Date Daytime Phone #

Penn Treaty Life Insurance Company  
1800 Street Road  
Warrington PA 18976

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October 21, 1999

CERTIFIED MAIL

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Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327

Re: Application for Reinstatement - Document P06836  
Penn Treaty Life Insurance Company

Gentlemen:

Please be advised that on December 31, 1998, we purchased the above Company along with the Certificates of Authority to do business in the states in which they were licensed. We changed the name to Senior American Life Insurance Company on January 5, 1999. Appropriate papers have been filed to change the name with the Florida Department of Insurance. (As of this writing, the change has not been approved.)

The original Annual Report forms were never sent to us by the sellers of the Company, nor were the forms ever sent to us by the Florida Department of State. This attached notice is the first time we were made aware that this form was not filed.

We are enclosing our check in the amount of \$750.00 to cover the Reinstatement Fee, Annual Report Fee and the Corporate Supplemental Fee.

Also, please add the following Directors to our Company's Application for Reinstatement:

- |    |  |    |   |
|----|--|----|---|
| 1. | Massimilian, Richard D.<br>211 Pondfield Rd. West<br>Bronxville NY 10708 | 2. | Smith, Charles Q.<br>1627 Alexander Avenue<br>Chambersburg PA |
| 3. | Goldberg, Daniel<br>630 Pineville Road<br>Newtown PA 18940               |    |   |

If you have any questions, please do not hesitate to contact our office.

Sincerely yours,

  
Ted M. Blecharczyk  
Treasurer

TMB:clm  
Enc: