

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06836

1. Entity Name

PENN TREATY LIFE INSURANCE COMPANY

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90051 037 \*\*\*150.00

Principal Place of Business

1800 STREET ROAD  
WARRINGTON PA 18976  
US

Mailing Address

1800 STREET ROAD  
WARRINGTON PA 18976  
US

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

23-1609619

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

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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  
DP  
ABEL, ALOYSIUS J  
103 GUSINESS LANE  
NORTH WALES PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Abel, III, Aloysius J.  
North Wales, PA 19454 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
SCHARTZ, MICHAEL M.  
3481 POND VIEW DR  
CHALFONT PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Chalfont, PA 18914 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BLECHARCZYK, TED M  
1716 MCNELIS DR.  
SOUTHAMPTON PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Southampton, PA 18966 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAVANAUGH, RICHARD R  
3 QUAIL DR.  
DOYLESTOWN PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Doylestown, PA 18901 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FELTY, RONALD L  
805 COLLEGE AVENUE  
ELIZABETHTOWN PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Elizabethtown, PA 17022 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAIO, CARL A  
3210 ANTLER DRIVE  
DOYLESTOWN PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Doylestown, PA 18901 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted M. Blecharczyk

2/7/00

Date

215-918-0515

Daytime Phone #

CR2E034 (9/99)