

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005988

**Entity Name:** POLISH NATIONAL UNION OF AMERICA INC.**Current Principal Place of Business:**1002 PITTSTON AVENUE  
SCRANTON, PA 18505**Current Mailing Address:**1002 PITTSTON AVENUE  
SCRANTON, PA 18505 US**FEI Number:** 24-0692664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STATE OF FL INSURANCE COMMISSIONER  
200 EAST GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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

**Officer/Director Detail :**

Title CFO/SECRETARY  
Name ANDRZEJEWSKI, JOHN C III  
Address 109 1ST  
City-State-Zip: ELMHURST TWP PA 18444

Title VP  
Name NEMKOVICH, KATHRYN  
Address 37 WINTHROP ST  
City-State-Zip: FALL RIVER MA 02721

Title DIRECTOR  
Name STANKOWSKI, MARI JANE  
Address 1023 HAMM CT  
City-State-Zip: SCRANTON PA 18505

Title DIRECTOR  
Name SENKEVITCH, GREGORY  
Address 191 MAIN ST K - JUTLAND  
City-State-Zip: HAMPTON NJ 08827

Title CEO  
Name WACHNA, MARTIN H  
Address 421 S CHURCH RD  
City-State-Zip: BENSENVILLE IL 60106

Title DIRECTOR  
Name MIKOVSKY, ANTHONY AREV  
Address 115 LAKE SCRANTON RD  
City-State-Zip: SCRANTON PA 18505

Title DIRECTOR  
Name NEMKOVICH, ROBERT M JR.  
Address 37 WINTHROP ST  
City-State-Zip: FALL RIVER MA 02721

Title DIRECTOR  
Name NEMKOVICH, KATHY  
Address 37 WINTHROP ST  
City-State-Zip: FALL RIVER MA 02721

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN C ANDRZEJEWSKI

CFO/SECRETARY

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 STANKOWSKI, MARY ANN  
Address             1023 HAMM CT  
City-State-Zip:    SCRANTON PA 18505

Title                   DIRECTOR  
Name                 MICHAEL, MIETLICKI  
Address             28 TISBURY CT  
City-State-Zip:    SCOTCH PLAINS NJ 07076