

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005988

Entity Name: POLISH NATIONAL UNION OF AMERICA INC.**Current Principal Place of Business:**1006 PITTSTON AVENUE
SCRANTON, PA 18505**Current Mailing Address:**1006 PITTSTON AVENUE
SCRANTON, PA 18505**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 FIRST ST
City-State-Zip: ELMHURST TWP PA 18444

Title DIRECTOR
Name STANKOWSKI, MARI JANE
Address 1025 PITTSTON AVE.
City-State-Zip: SCRANTON PA 18505

Title CEO
Name JUGAN, IRENE L
Address 144 COLUMBIA DR
City-State-Zip: PITTSBURGH PA 15236

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

Title VP
Name MAYCAN, ROBERT R
Address 1425 SOUTH CRESCENT AVENUE
City-State-Zip: PARK RIDGE IL 60068

Title DIRECTOR
Name ZAREK, MICHAEL
Address 363 LINDSEY ST
City-State-Zip: ATTLEBORO MA 02703

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

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

Continues on page 2

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 III**CFO/SECRETARY****01/11/2014**

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