

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 809805

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC2243151520**

**Entity Name:** PENN TREATY NETWORK AMERICA INSURANCE COMPANY

**Current Principal Place of Business:**

3440 LEHIGH ST.  
ALLENTOWN, PA 18103

**Current Mailing Address:**

P.O. BOX 7066  
ALLENTOWN, PA 18105-7066 US

**FEI Number:** 23-2603386

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 TV  
Name VINAS, JOSE  
Address 3440 LEHIGH STREET  
City-State-Zip: ALLENTOWN PA 18103

Title SV  
Name BAGLEY, JANE M  
Address 3440 LEHIGH STREET  
City-State-Zip: ALLENTOWN PA 18103

Title DIRECTOR  
Name WOZNICKI, EUGENE  
Address 3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103

Title DIRECTOR  
Name CLARK, ALEXANDER  
Address 3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103

Title DIRECTOR  
Name HINDES, GARY  
Address 3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103

Title DIRECTOR  
Name HUNT, WILLIAM W  
Address 3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103

Title DIRECTOR  
Name KAPLAN, MATTHEW  
Address 3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103

Title DIRECTOR  
Name MULLEN, SEAN  
Address 3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103

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

**SIGNATURE:** JANE M. BAGLEY, ESQ.

**SVP, CORP COUNSEL & 01/29/2016**  
**CORP SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ROSS, PETER  
Address        3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103

Title           COO  
Name           ROBINSON, ROBERT L  
Address        3440 LEHIGH ST.  
City-State-Zip: ALLENTOWN PA 18103