

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809805

FILED
Feb 28, 2014
Secretary of State
CC2767232884

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 FALCONIO, PATRICK
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

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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

CORPORATE
SECRETARY/SVP/CORPO
RATE COUNSEL

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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