

1.) CORPORATION NAME:

**AMERICAN NETWORK INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

DUE DATE: **11/30/2011**

SCC ID NO: **F0259376**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3440 LEHIGH ST  
P O BOX 7066

CITY/ST/ZIP: ALLENTOWN, PA 18103-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: EUGENE WOZNICKI  
TITLE: DIRECTOR  
ADDRESS: 3440 LEHIGH STREET  
CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-

OFFICER  DIRECTOR

NAME: PETER M ROSS  
TITLE: DIRECTOR  
ADDRESS: 3440 LEHIGH STREET  
CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-

OFFICER  DIRECTOR

NAME: JANE M BAGLEY  
TITLE: SVP/CC/CS  
ADDRESS: 3440 LEHIGH STREET  
CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-

OFFICER  DIRECTOR

NAME: ALEXANDER M CLARK  
TITLE: DIRECTOR  
ADDRESS: 3440 LEHIGH STREET  
CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-

OFFICER  DIRECTOR

NAME: SEAN MULLEN  
TITLE: DIRECTOR  
ADDRESS: 3440 LEHIGH STREET  
CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-

OFFICER  DIRECTOR

NAME: PATRICK FALCONIO TITLE: DIRECTOR ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM W HUNT TITLE: DIRECTOR ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MATTHEW KAPLAN TITLE: DIRECTOR ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALAN PARSOW TITLE: DIRECTOR ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSE VINAS TITLE: SVP/CONTROLLER ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JANE M BAGLEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANE M BAGLEY, SVP/CC/CS _____ PRINTED NAME AND CORPORATE TITLE	1/25/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		