

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213552588

1.) CORPORATION NAME:

AMERICAN NETWORK INSURANCE COMPANY

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

| | | | | | |
|-----------------|---------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | JANE M BAGLEY | | | | |
| TITLE: | SVP/CC/CS | | | | |
| ADDRESS: | 3440 LEHIGH STREET | | | | |
| CITY/ST/ZIP/CO: | ALLENTOWN, PA 18103 | | | | |

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|-----------------|---------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | ROBERT L ROBINSON | | | | |
| TITLE: | COO | | | | |
| ADDRESS: | 3440 LEHIGH STREET | | | | |
| CITY/ST/ZIP/CO: | ALLENTOWN, PA 18103 | | | | |

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|-----------------|---------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | JOSE VINAS | | | | |
| TITLE: | SVP/CONTROLLER | | | | |
| ADDRESS: | 3440 LEHIGH STREET | | | | |
| CITY/ST/ZIP/CO: | ALLENTOWN, PA 18103 | | | | |

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|-----------------|---------------------|--------------------------|---------|-------------------------------------|----------|
| | | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | ALEXANDER M CLARK | | | | |
| TITLE: | DIRECTOR | | | | |
| ADDRESS: | 3440 LEHIGH STREET | | | | |
| CITY/ST/ZIP/CO: | ALLENTOWN, PA 18103 | | | | |

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|-----------------|---------------------|--------------------------|---------|-------------------------------------|----------|
| | | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | PATRICK FALCONIO | | | | |
| TITLE: | DIRECTOR | | | | |
| ADDRESS: | 3440 LEHIGH STREET | | | | |
| CITY/ST/ZIP/CO: | ALLENTOWN, PA 18103 | | | | |

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|-----------------|---------------------|--------------------------|---------|-------------------------------------|----------|
| | | <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 | | | | |

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|--|----------------------------------|--|
| 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: SEAN MULLEN TITLE: DIRECTOR ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PETER M ROSS TITLE: DIRECTOR ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: EUGENE WOZNICKI TITLE: DIRECTOR ADDRESS: 3440 LEHIGH STREET CITY/ST/ZIP/CO: ALLENTOWN, PA 18103 | <input type="checkbox"/> OFFICER | <input checked="" 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 | JANE M BAGLEY, SVP/CC/CS | 10/31/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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. | | |