



tel 800.362.0700
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PROOF OF CLAIM - ADDRESS CHANGE FORM

This Address Change Form applies to the following Liquidated Insurance Company:
[CHECK APPROPRIATE BOX]

- Penn Treaty Network America Insurance Company (In Liquidation)
- American Network Insurance Company (In Liquidation)

Claimant Proof of Claim Number(s): _____

Claimant Name: _____

Effective date of address change: ___ / ___ / ___

Old address:

New address:

Old phone number:

New phone number:

(___) _____

(___) _____

Old Email Address:

New Email address:

(___) _____

(___) _____

Claimant's Signature

___ / ___ / ___
Date

Submit this form to Penn Treaty/American Network's Legal Department at:
Address: P.O. Box 7066, Allentown, PA 18105-7066
Facsimile: (610)967-1098
Email: poc@penntreaty.com

Penn Treaty Network America Insurance Company (In Liquidation)
(Penn Treaty Network America Life Insurance Company in California)
American Network Insurance Company (In Liquidation)