



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |             |   |  |             |                     |
|--|-------------|---|--|-------------|---------------------|
| 1. Corporate ID No.<br>118531  |             | 2. Name of Corporation<br>THE PENN WARRANTY CORPORATION |  |             |                     |
| 3. Street Address Principal Business Office<br>Hanover Industrial Estates, 1081 Hanover St.  |             |   | City<br>Wilkes-Barre   | State<br>PA | Zip<br>18706-2028   |
| 4. Business Phone No.<br>(570) 270-3804  |             | 5. State of Incorporation<br>PENNSYLVANIA               |  |             | 6. SIC Code<br>8896 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>THE SALE OF VEHICLE SERVICE CONTRACTS.              |             |   |  |             |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |             |   |  |             |                     |
| President Name<br>Jeffrey M. Luizza  |             |   | Vice President Name<br>Kirk C. Arnold                          |             |                     |
| Street Address<br>Hanover Industrial Estates, 1081 Hanover St.   |             |   | Street Address<br>Hanover Industrial Estates, 1081 Hanover St. |             |                     |
| City<br>Wilkes-Barre   | State<br>PA | Zip<br>18706-2028                                       | City<br>Wilkes-Barre   | State<br>PA | Zip<br>18706-2028   |
| Secretary Name<br>Jeffrey M. Luizza  |             |   | Treasurer Name<br>Jeffrey M. Luizza                            |             |                     |
| Street Address   |             |   | Street Address   |             |                     |
| City   | State       | Zip   | City   | State       | Zip                 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |             |   |  |             |                     |
| Director Name<br>Jeffrey M. Luizza   |             |   | Director Name<br>Kirk C. Arnold                                |             |                     |
| Street Address<br>Hanover Industrial Estates, 1081 Hanover St.   |             |   | Street Address<br>Hanover Industrial Estates, 1081 Hanover St. |             |                     |
| City<br>Wilkes-Barre   | State<br>PA | Zip<br>18706-2028                                       | City<br>Wilkes-Barre   | State<br>PA | Zip<br>18706-2028   |
| Director Name  |             |   | Director Name  |             |                     |
| Street Address   |             |   | Street Address   |             |                     |
| City   | State       | Zip   | City   | State       | Zip                 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES  |             |   |  |             |                     |
| Number of Shares   |             |   | Class/Series   |             |                     |
| Par Value  |             |   | Par Value  |             |                     |
| 100 COMM \$100.00 PAR VALUE  |             |   |  |             |                     |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES  |             |   |  |             |                     |
| Number of Shares   |             |   | Class/Series   |             |                     |
| Par Value  |             |   | Par Value  |             |                     |
| 0  |             |   |  |             |                     |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*118531\*

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Jeffrey M. Luizza* 1/4/05  
Signature of Officer Date

Jeffrey M. Luizza  
Print or Type Name of Officer

President  
Title of Officer

File Date 1/7/05  
Check No. 22115  
By: N.  
FOR SECRETARY OF STATE USE ONLY



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|--|--------------------|--|--|---|--------------------------|----------------------------|--|
| 1. Corporate ID No.<br><b>118531</b>   |                    | 2. Name of Corporation<br><b>THE PENN WARRANTY CORPORATION</b> |  |   |                          |                            |  |
| 3. Street Address Principal Business Office<br><b>Hanover Industrial Estates, 1081 Hanover St.</b>                                 |                    |  |  | City<br><b>Wilkes-Barre</b>   | State<br><b>Pa</b>       | Zip<br><b>18706-2028</b>   |  |
| 4. Business Phone No.<br><b>(570)270-3804</b>  |                    |  | 5. State of Incorporation<br><b>PENNSYLVANIA</b> |   |                          | 6. SIC Code<br><b>8896</b> |  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>THE SALE OF VEHICLE SERVICE CONTRACTS.</b>       |                    |  |  |   |                          |                            |  |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |  |  |   |                          |                            |  |
| President Name<br><b>Jeffrey M. Luizza</b>   |                    |  |  | Vice President Name<br><b>Kirk C. Arnold</b>                          |                          |                            |  |
| Street Address<br><b>Hanover Industrial Estates, 1081 Hanover St.</b>  |                    |  |  | Street Address<br><b>Hanover Industrial Estates, 1081 Hanover St.</b> |                          |                            |  |
| City<br><b>Wilkes-Barre</b>  | State<br><b>PA</b> | Zip<br><b>18706-2028</b>                                       | City<br><b>Wilkes-Barre</b>                      | State<br><b>PA</b>  | Zip<br><b>18706-2028</b> |                            |  |
| Secretary Name<br><b>Jeffrey M. Luizza</b>   |                    |  |  | Treasurer Name<br><b>Jeffrey M. Luizza</b>                            |                          |                            |  |
| Street Address   |                    |  |  | Street Address  |                          |                            |  |
| City   | State              | Zip  | City   | State   | Zip                      |                            |  |
| <b>Wilkes-Barre</b>  | <b>PA</b>          | <b>18706-2028</b>  | <b>Wilkes-Barre</b>                              | <b>PA</b>   | <b>18706-2028</b>        |                            |  |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |  |  |   |                          |                            |  |
| Director Name<br><b>Jeffrey M. Luizza</b>  |                    |  |  | Director Name<br><b>Kirk C. Arnold</b>                                |                          |                            |  |
| Street Address<br><b>Hanover Industrial Estates, 1081 Hanover St.</b>  |                    |  |  | Street Address<br><b>Hanover Industrial Estates, 1081 Hanover St.</b> |                          |                            |  |
| City<br><b>Wilkes-Barre</b>  | State<br><b>PA</b> | Zip<br><b>18706-2028</b>                                       | City<br><b>Wilkes-Barre</b>                      | State<br><b>PA</b>  | Zip<br><b>18706-2028</b> |                            |  |
| Director Name  |                    |  |  | Director Name   |                          |                            |  |
| Street Address   |                    |  |  | Street Address  |                          |                            |  |
| City   | State              | Zip  | City   | State   | Zip                      |                            |  |
| <b>Wilkes-Barre</b>  | <b>PA</b>          | <b>18706-2028</b>  | <b>Wilkes-Barre</b>                              | <b>PA</b>   | <b>18706-2028</b>        |                            |  |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES  |                    |  |  |   |                          |                            |  |
| Number of Shares   |                    |  | Class/Series                                     |   |                          | Par Value                  |  |
| <b>100 COMM \$100.00 PAR VALUE</b>   |                    |  |  |   |                          |                            |  |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES  |                    |  |  |   |                          |                            |  |
| Number of Shares   |                    |  | Class/Series                                     |   |                          | Par Value                  |  |
| <b>0</b>   |                    |  |  |   |                          |                            |  |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 5 3 1 \*

File Date 1-20-04  
Check No. 678522  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1-16-04  
Signature of Officer Date  
**Jeffrey M. Luizza**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **118531** 2. Name of Corporation **THE PENN WARRANTY CORPORATION**  
3. Street Address Principal Business Office **360 SOUTH KEYSER AVENUE** City **TAYLOR** State **PA** Zip **18517**  
4. Business Phone No. **(570)562-7600** 5. State of Incorporation **PENNSYLVANIA** 6. SIC Code **8896**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALES AND ADMINISTRATION OF AUTOMOBILE SERVICE CONTRACTS**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

|  |  |
|--|--|
| President Name<br><b>JEFFREY M. LUIZZA</b>       | Vice President Name<br><b>KIRK C. ARNOLD</b>     |
| Street Address<br><b>360 SOUTH KEYSER AVENUE</b> | Street Address<br><b>360 SOUTH KEYSER AVENUE</b> |
| City State Zip<br><b>TAYLOR PA 18517</b>         | City State Zip<br><b>TAYLOR PA 18517</b>         |
| Secretary Name<br><b>JEFFREY M. LUIZZA</b>       | Treasurer Name<br><b>JEFFREY M. LUIZZA</b>       |
| Street Address                                   | Street Address                                   |
| City State Zip                                   | City State Zip                                   |

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

|  |  |
|--|--|
| Director Name<br><b>JEFFREY M. LUIZZA</b>        | Director Name<br><b>KIRK C. ARNOLD</b>           |
| Street Address<br><b>360 SOUTH KEYSER AVENUE</b> | Street Address<br><b>360 SOUTH KEYSER AVENUE</b> |
| City State Zip<br><b>TAYLOR PA 18517</b>         | City State Zip<br><b>TAYLOR PA 18517</b>         |
| Director Name                                    | Director Name                                    |
| Street Address                                   | Street Address                                   |
| City State Zip                                   | City State Zip                                   |

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM \$100.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 5 3 1 \*

File Date: 2/5/03  
Check No.: 618244  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/3/03  
Signature of Officer Date

KIRK C. ARNOLD  
Print or Type Name of Officer

EXECUTIVE VICE PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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4. Business Phone No. **(570)562-7600** 5. State of Incorporation **PENNSYLVANIA** 6. SIC Code **8896**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALES AND ADMINISTRATION OF AUTOMOBILE SERVICE CONTRACTS**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

|   |   |
|---|---|
| President Name<br><b>JEFFREY M. LUIZZA</b>          | Vice President Name<br><b>BRIAN JENKINS</b>         |
| Street Address<br><b>360 SOUTH KEYSER AVENUE</b>    | Street Address<br><b>360 SOUTH KEYSER AVENUE</b>    |
| City <b>TAYLOR</b> State <b>PA</b> Zip <b>18517</b> | City <b>TAYLOR</b> State <b>PA</b> Zip <b>18517</b> |
| Secretary Name<br><b>JEFFREY M. LUIZZA</b>          | Treasurer Name<br><b>JEFFREY M. LUIZZA</b>          |
| Street Address                                      | Street Address                                      |
| City State Zip                                      | City State Zip                                      |

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

|   |   |
|---|---|
| Director Name<br><b>JEFFREY M. LUIZZA</b>           | Director Name<br><b>BRIAN JENKINS</b>               |
| Street Address<br><b>360 SOUTH KEYSER AVENUE</b>    | Street Address<br><b>360 SOUTH KEYSER AVENUE</b>    |
| City <b>TAYLOR</b> State <b>PA</b> Zip <b>18517</b> | City <b>TAYLOR</b> State <b>PA</b> Zip <b>18517</b> |
| Director Name                                       | Director Name                                       |
| Street Address                                      | Street Address                                      |
| City State Zip                                      | City State Zip                                      |

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES                  | Class/Series | Par Value |
|------------------------------------|--------------|-----------|
| <b>100 COMM \$100.00 PAR VALUE</b> |              |           |

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| <b>0</b>      |              |           |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 5 3 1 \*

File Date: 2 28 02  
Check No.: 573281  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/26/02  
Signature of Officer Date

**BRIAN JENKINS**  
Print or Type Name of Officer

**VICE PRESIDENT**  
Title of Officer