2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #807562 02-07-2005 90055 026 ***150.00 1. Entity Name PENNSYLVANIA LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 600 COURTLAND ST. 600 COURTLAND ST. 40013525 ORLANDO, FL 32804 ORLANDO, FL 32804 3. Mailing Address 2. Principal Place of Business 95<u>8465</u> 1001 Heathrow Park La <u> P.O. Box</u> Suite, Apt. #, etc. CR2E034 (10/03) 01272005 Cha-P 500 City & State 4. FEI Number Applied For City & State FL ake ma FL Mar 23-1305366 Not Applicable Country Country SA \$8.75 Additional 5. Certificate of Status Desired 32795-8465 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP ☐ Addition TITLE Change TITLE ☐ Delete Lehner, William E jooi Heathrou Park Lane, 37 5001 NAME WHENER, WILLIAM E NAME STREET ADDRESS 600 COURTLAND ST. STREET ADDRESS Lake mary, FL 32746 CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-ZIP D EVP DEVP ☐ Detete Change Change ☐ Addition TITLE Bryant, Gory W 1001 Weathrow ParkLane, Ste 5001 NAME BRYANT, GARY NAME 600 COURTLAND ST. STREET ADORESS STREET ADDRESS ORLANDO, FL 32804 CITY-ST-ZIP Lake many, FL 32740 CITY-ST-ZIE SVP DVPT Change ☐ Addition ☐ Delete TITLE TITLE Gray, Donald M 1001 Beathrow Pork Lone, Ste Stal GRAY, DONALD M NAME. NAME STREET ADDRESS 600 COURTLAND ST. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 Lake mary, FL 32746 CITY-ST-ZIP 3 Y P 3 TITLE Delete TITLE Change ☐ Addition COLLIFLOWER, MICHAEL NAME NAME Colliflauer, Michael A STREET ADDRESS 600 COURTLAND ST. STREET ADDRESS 100 Heathray Pork Lone, Ste 5061 ORLANDO, FL 32804 CITY-ST-ZIP CITY-ST-ZIP ake many, FZ 32746 T(T) F ☑ Change ☐ Addition TITLE ☐ Delete BAKER, JANICE Baker iJanice NAME NAME 1001 Heathrow Park Lane, 1Ste 5661 600 COURTLAND ST. STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32804 ake may, FL 32746 ☐ Addition TITLE VΡ Delete TITLE COCHRANE, CARL L NAME Cochrone, Corl NAME 1001 Heathrow Park Lane, Sk 5001 STREET ADDRESS 600 COURTLAND ST. STREET ADDRESS

FILED Feb 07, 2005 8:00 am

CITY-ST-ZIP ORLANDO, FL 32804

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: JOHN TONICO POLLEY ASSI SECTEDARY 1127/05 467-1628-1776, 8684