


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90114 010 ***150.00

DOCUMENT # 807562 1. Entity Name PENNSYLVANIA LIFE INSURANCE COMPANY					
Principal Place of Business 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746			Mailing Address P.O. 958465 LAKE MARY, FL 32795-8465		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-1305366	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHENER, WILLIAM E <input checked="" type="checkbox"/> Delete 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Weegelein, Robert A 16 International Dr Ste 190 Rye Brook, NY 10573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP <input type="checkbox"/> Delete BRYANT, GARY 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bryant, Gary W 1001 Heathrow Pl Ln, Ste 5001 Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT <input type="checkbox"/> Delete GRAY, DONALD M 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP <input checked="" type="checkbox"/> Delete COLLIFLOWER, MICHAEL 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Spirack, Lisa M 16 International Dr Ste 190 Rye Brook, NY 10573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete BAKER, JANICE 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete COCHRANE, CARL L 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>Janice Baker, Asst. Secretary</u> 1/11/06 407-995-8000, 8684 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					