2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 807562 1. Entity Name PENNSYLVANIA LIFE INSURANCE COMPANY			2007 SEP 14 PM 1: 38
Principal Place of Business 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746 Principal Place of Business P.O. 958465 LAKE MARY, FL 32795-849		5-8465	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc.		07092007 Chg-P CR2E034 (12/06)
City & State	City & State		4. FEI Number Applied For 23-1305366 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Address (P.O. Box Number is Not Acceptable)
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. Signature. Signature. Signature. Signature. Signature required when reinstating) DATE FILE NOW:!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	Trust Fund Con		\$5.00 May Be Added to Fees
10. OFFICERS AN TITLE EVPD NAME WAEGELEIN, ROBERT A STREET ADDRESS 6 INTERNATIONAL DR STE 19 RYEBROOK, NY 10573	☐ Delete	NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Store B NOTICAL DEVPS Change X Addition TOOL HEASTN POOR IN 32746 LOW May fe 32746
ITILE D NAME BRYANT, GARY STREET ADDRESS 1001 HEATHROW PARK LANE CITY-ST-ZIP LAKE MARY, FL 32746	Delete	NAME STREET ADDRESS	Peter English EVPD Change Exadition 1001 Healthow Park Lane 45001 Late Many, fl 32746
NAME GRAY, DONALD M STREET ADDRESS 1001 HEATHROW PARK LANE LAKE MARY, FL 32746	SUITE 5001	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John M. Squanok Change Maddition 1001 Heathour Park in +5001
NAME SPIRACK, LISA M STREET ADDRESS CITY-ST-ZIP RYE BROOK, NY 10573	Delete O	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0
TITLE AS NAME BAKER, JANICE STREET ADDRESS 1001 HEATHROW PARK LANE LAKE MARY, FL 32746	Delete SUITE 5001	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME COCHRANE, CARL L STREET ADDRESS 1001 HEATHROW PARK LANE CITY-SI-ZIP LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ 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 reports 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 and security exercited 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 true all other like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TYPED ONE RIVITED MANE OF SIGNING OFFICER OR DIRECTOR Day Interpret One Proces			