

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 031 ***150.00



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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
23-1305366

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVPD
WAEGELEIN, ROBERT A
6 INTERNATIONAL DR STE 190
RYEBROOK, NY 10573** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRYANT, GARY
1001 HEATHROW PARK LANE SUITE 5001
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DEVP
NAJJAR, STEVEN B
1001 HEATHROW PARK LN #5001
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVPD
ENGLISH, PETER
1001 HEATHROW PARK LN #5001
LAKE MARY, FL 32746** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DTSV
SQUOROK, JOHN M
1001 HEATHROW PARK LN #5001
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
COCHRANE, CARL L
1001 HEATHROW PARK LANE SUITE 5001
LAKE MARY, FL 32746** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVP
Tom Kilian
1001 Heathrow Park Lane #5001
Lake Mary FL 32746** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Squorok, John
(same)** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - 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 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, and I am duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #