

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807562

FILED
Apr 21, 2011
Secretary of State

Entity Name: PENNSYLVANIA LIFE INSURANCE COMPANY

Current Principal Place of Business:

1001 HEATHROW PARK LANE
SUITE 5001
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

P.O. 958465
LAKE MARY, FL 327958465

New Mailing Address:

FEI Number: 23-1305366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: EVPD
Name: WAEGELEIN, ROBERT A
Address: 6 INTERNATIONAL DR STE 190
City-St-Zip: RYEBROOK, NY 10573

Title: DP
Name: ISRAEL, JASON
Address: 1001 HEATHROW PARK LANE SUITE 5001
City-St-Zip: LAKE MARY, FL 32746

Title: SEC
Name: CARLTON, STEVE
Address: 1001 HEATHROW PARK LN #5001
City-St-Zip: LAKE MARY, FL 32746

Title: DSVP
Name: KILIAN, TOM
Address: 1001 HEATHROW PARK LANE #5001
City-St-Zip: LAKE MARY, FL 32746

Title: DEVP
Name: SQUAROK, JOHN
Address: 1001 HEATHROW PARK LN #5001
City-St-Zip: LAKE MARY, FL 32746

Title: VP
Name: COCHRANE, CARL L
Address: 1001 HEATHROW PARK LANE SUITE 5001
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE CARLTON

SEC

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date