


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 835051 1. Entity Name PENN MUTUAL LIFE INSURANCE COMPANY	
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FILED
 04 OCT 26 PM 12:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business C/O RICHARD KLENK 600 DRESHER RD HORSHAM, PA 19044 US	Mailing Address C/O RICHARD KLENK 600 DRESHER RD HORSHAM, PA 19044 US
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2. Principal Place of Business Attn: Craig Burns	3. Mailing Address Attn: Craig Burns
Suite, Apt. #, etc. 600 Dresher Road	Suite, Apt. #, etc. 600 Dresher Road
City & State Horsham, PA	City & State Horsham, PA
Zip 19044	Country USA
Zip 19044	Country USA

10222004	REIN-P	CR2E098 (6/04)
4. FEI Number 23-0952300	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

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 FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORAN, DANIEL J 600 DRESHER RD HORSHAM, PA 19044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLUSH, RICHARD F 600 DRESHER RD HORSHAM, PA 19044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITZKO, LAURA M 600 DRESHER RD HORSHAM, PA 19044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF BRODIE, NANCY S 600 DRESHER RD HORSHAM, PA 19044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERZBERG, STEVEN M 600 DRESHER RD HORSHAM, PA 19044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042189844 10/26/04--01066--007 **758.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHAPPELL, ROBERT E 600 DRESHER RD HORSHA, PA 19044 <input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: Susan T. Deakins *Susan T. Deakins* 10/22/04 (215) 956-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #