



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90253 001 ***150.00

DOCUMENT # 835051					
1. Entity Name PENN MUTUAL LIFE INSURANCE COMPANY					
Principal Place of Business ATTN: CRAIG BURNS 600 DRESHER RD HORSHAM, PA 19044 US			Mailing Address ATTN: CRAIG BURNS 600 DRESHER RD HORSHAM, PA 19044 US		
2. Principal Place of Business Attn: Bethanne Adamsky		3. Mailing Address Attn: Bethanne Adamsky			
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	4. FEI Number 23-0952300	Applied For <input type="checkbox"/> Not Applicable
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	
				State 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 _____ DATE _____ <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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORAN, DANIEL J	NAME			
STREET ADDRESS	600 DRESHER RD	STREET ADDRESS			
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLUSH, RICHARD F	NAME			
STREET ADDRESS	600 DRESHER RD	STREET ADDRESS			
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEST, JR, FRANKLIN L.	NAME			
STREET ADDRESS	600 DRESHER ROAD	STREET ADDRESS			
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP			
TITLE	EVCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOGT, PETER J.	NAME			
STREET ADDRESS	600 DRESHER ROAAD	STREET ADDRESS			
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP			
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHIARLANZA, PATRICIA	NAME			
STREET ADDRESS	600 DRESHER ROAD	STREET ADDRESS			
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP			
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAPPELL, ROBERT E	NAME			
STREET ADDRESS	600 DRESHER RD	STREET ADDRESS			
CITY-ST-ZIP	HORSHA, PA 19044	CITY-ST-ZIP			
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: Susan T. Deakins				1/4/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		215-956-8080	
				Daytime Phone #	

00002979



01042006 Chg-P CR2E034 (11/05)

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