


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 835051</b> 1. Entity Name PENN MUTUAL LIFE INSURANCE COMPANY	
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FILED

07 OCT 09 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


Principal Place of Business ATTN: BETHANNE ADAMSKY 600 DRESHER RD HORSHAM, PA 19044 US	Mailing Address ATTN: BETHANNE ADAMSKY 600 DRESHER RD HORSHAM, PA 19044 US
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2. Principal Place of Business - No P.O. Box # Attn: Allan Cherry	3. Mailing Address Attn: Allan Cherry
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Suite, Apt. #, etc. 600 Dresher Road	Suite, Apt. #, etc. 600 Dresher Road
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City & State Horsham, PA	City & State Horsham, PA
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Zip 19044	Country USA	Zip 19044	Country USA
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REINSTATEMENT 2007

10042007 REINSTATEMENT 2007

4. FEI Number  
23-0952300

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 Chief Financial Officer - CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road  City Plantation FL Zip Code 33324
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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 N/A DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP TORAN, DANIEL J <input type="checkbox"/> Delete	TITLE	VController <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	600 DRESHER RD	NAME	Kyle L. Elken
STREET ADDRESS	HORSHAM, PA 19044	STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP		CITY-ST-ZIP	Horsham, PA 19044
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUSH, RICHARD F	NAME	000110528000
STREET ADDRESS	600 DRESHER RD	STREET ADDRESS	10/09/07--01028--007 **158.75
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	VCA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEST, JR, FRANKLIN L.	NAME	Susan T. Deakins
STREET ADDRESS	600 DRESHER ROAD	STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP	Horsham, PA 19044
TITLE	EVCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGT, PETER J.	NAME	
STREET ADDRESS	600 DRESHER ROAD	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: Kyle L. Elken 10/5/07 215-956-7949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #