

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835051

FILED
Jun 29, 2009
Secretary of State

Entity Name: PENN MUTUAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

ATTN: ALLAN CHERRY
600 DRESHER RD
HORSHAM, PA 19044 US

New Principal Place of Business:

ATTN: CHRIS JAHN
600 DRESHER RD
HORSHAM, PA 19044 US

Current Mailing Address:

ATTN: ALLAN CHERRY
600 DRESHER RD
HORSHAM, PA 19044 US

New Mailing Address:

ATTN: CHRIS JAHN
600 DRESHER RD
HORSHAM, PA 19044 US

FEI Number: 23-0952300

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 32399 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: DECAROLIS, RICHARD J
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

Title: VCA () Delete
Name: DEAKINS, SUSAN T
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

Title: S () Delete
Name: BEST, JR, FRANKLIN L.
Address: 600 DRESHER ROAD
City-St-Zip: HORSHAM, PA 19044

Title: EVCF () Delete
Name: VOGT, PETER J.
Address: 600 DRESHER ROAAD
City-St-Zip: HORSHAM, PA 19044

Title: AT () Delete
Name: CHIARLANZA, PATRICIA
Address: 600 DRESHER ROAD
City-St-Zip: HORSHAM, PA 19044

Title: CP () Delete
Name: CHAPPELL, ROBERT E
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD J. DECAROLIS

VP

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date