

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835051

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: PENN MUTUAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCDONNELL, EILEEN  
Address: 600 DRESHER RD  
City-St-Zip: HORSHAM, PA 19044

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

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

Title: EVCF  
Name: O'MALLEY, DAVE  
Address: 600 DRESHER ROAAD  
City-St-Zip: HORSHAM, PA 19044

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

Title: CEO  
Name: CHAPPELL, ROBERT E  
Address: 600 DRESHER RD  
City-St-Zip: HORSHAM, PA 19044

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: SUSAN DEAKINS

VCA

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date