

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2015 OCT -9 AM 8:28

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835051

1. Corporation Name
The Penn Mutual Life Insurance Company

2. Principal Office Address - No P.O. Box # 600 Drescher Road		3. Mailing Office Address 600 Drescher Road	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State Horsham, PA		City & State Horsham, PA	
Zip 19044	Country USA	Zip 19044	Country USA

CR25081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
4/30/1954

5. FEI Number
23-0952300

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$1.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Chief Financial Officer

Street Address (P.O. Box Number is NOT Acceptable)
200 East Gaines St.

Subs., Apt. #, etc.

City
Tallahassee

State
FL

Zip Code
32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of Registered Agent *Margaret E. Routzahn* **MARGARET E. ROUTZAHN**
Special Assistant Secretary

Date 10/8/15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	see attachment page		
REINSTATEMENT			

10. E-mail Address; cherry.allan@pennmutual.com (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE: *[Signature]* **10/8/15**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT - 9 2015
L BERGER

The Penn Mutual Life Insurance Company

Attachment Page

#9 Names and Street Addresses of Officer and/or Director

Title	Name	Street Address	City/State/Zip
President and Chief Executive Officer	Eileen C. McDonnell	600 Dresher Rd	Horsham PA 19044
Chief Operating Officer	David M. O'Malley	600 Dresher Rd	Horsham PA 19044
Executive VP, Chief Financial Officer	Susan T. Deakins	600 Dresher Rd	Horsham PA 19044
VP, General Counsel, Insurance Operations and Corporate Secretary	Franklin L. Best, Jr.	600 Dresher Rd	Horsham PA 19044

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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CORPORATION REINSTATEMENT
PENN MUTUAL LIFE INSURANCE COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,058.75