SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: $225 (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: [illegible])

PROFIT CORPORATION
* ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:40

DOCUMENT # 849914 (7)

1. Corporation Name

THE PENN INSURANCE AND ANNUITY COMPANY

Principal Place of Business	Mailing Address
% JAMES D. BENSON 510 WALNUT ST. PHILADELPHIA PA 19172	% JAMES D. BENSON 510 WALNUT ST. PHILADELPHIA PA 19172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1981
3a. Date of Last Report: 07/01/1994
4. FEI Number: 23-2142731 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City — FL — 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PCD**	11 TITLE	☐ Change ☐ Addition
NAME	**CHAPPELL, ROBERT E**	12 NAME	
STREET ADDRESS	**510 WALNUT ST.**	13 STREET ADDRESS	
CITY ST ZIP	**PHILADELPHIA PA 19172**	14 CITY ST ZIP	
TITLE	**VA**	21 TITLE	☐ Change ☐ Addition
NAME	**PLUSH, RICHARD FRANCIS**	22 NAME	
STREET ADDRESS	**510 WALNUT ST.**	23 STREET ADDRESS	
CITY ST ZIP	**PHILADELPHIA PA**	24 CITY ST ZIP	
TITLE	**C**	31 TITLE	☐ Change ☐ Addition
NAME	**BENSON, JAMES D**	32 NAME	
STREET ADDRESS	**510 WALNUT ST.**	33 STREET ADDRESS	
CITY ST ZIP	**PHILADELPHIA PA 19172**	34 CITY ST ZIP	
TITLE	**S**	41 TITLE	☐ Change ☐ Addition
NAME	**KOCH, GEORGE F.**	42 NAME	
STREET ADDRESS	**510 WALNUT ST.**	43 STREET ADDRESS	
CITY ST ZIP	**PHILADELPHIA PA**	44 CITY ST ZIP	
TITLE	**D**	51 TITLE	☐ Change ☐ Addition
NAME	**TAIT, JOHN EDWIN**	52 NAME	
STREET ADDRESS	**510 WALNUT ST.**	53 STREET ADDRESS	
CITY ST ZIP	**PHILADELPHIA PA**	54 CITY ST ZIP	
TITLE		61 TITLE	T — ☐ Change ☒ Addition
NAME		62 NAME	KEENAN, MICHAEL J
STREET ADDRESS		63 STREET ADDRESS	510 WALNUT STREET
CITY ST ZIP		64 CITY ST ZIP	PHILADELPHIA PA 19172

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D. Benson [signature] 6/21/95 (215) 956-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

OFFICERS AND DIRECTORS INFORM

Maximum # of char.--> per field	17-Feb-95 25	10:53 AM 25	25	10	11	08	02	08	08	08	
	Last Name	First Name	Middle Name	Suffix Jr., Sr., III, etc.	Social Security Number 999-99-9999	Birth Date MM/DD/YY	Position 01-Director 02-Officer 03-Both 04-Atty-in-Fact	Position Held Since MM/DD/YY	Ceased Employ MM/DD/YY	Changed Position MM/DD/YY	[illegible]
[illegible].01	Chappell	Robert	Eugene				03	01/10/94			510 [illegible]
[illegible].02	Koch	George	Frederick				02	12/31/86			510 [illegible]
[illegible].03	Plesh	Richard	Francis				02	11/20/89			510 [illegible]
[illegible].04	Keenan	Michael	John				02	11/30/93			510 [illegible]
[illegible].05	Tillmay	Lawrence	Stockton				02	11/30/90			510 [illegible]
[illegible].06	Benson	James	David				02	04/21/93			510 [illegible]
[illegible].07	Liberdi	Richard	John				03	09/16/91		01/10/94	510 [illegible]
[illegible].08	Ferdinand	William	Yee				01	12/31/87			510 [illegible]
[illegible].09	Horvath	Joseph	John				01	12/18/86			510 [illegible]
[illegible].10	Null	Ernst	Kenneth				01	05/10/83			510 [illegible]
[illegible].11	Sander	Rudolph	Charles				01	05/16/84			510 [illegible]
[illegible].12	Tait	John	Edwin				01	11/22/83			510 [illegible]
[illegible].13	Strauss	Catherine	Blandina				01	04/07/92			510 [illegible]
[illegible].14	Tillmay	Lawrence	Stockton				01	04/12/94			510 [illegible]
[illegible].15	Stiles	Thomas	Edward				01	11/22/83	05/31/94		510 [illegible]
[illegible].16	Brodie	Nancy	Stricker				02				51
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