## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

(96/6)

(215) 956-8104

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 849914** 

PHILADELPHIA PA

appears in Block 12 or Block 13 if changed

COY-SI-ZIP

SIGNATURE:

THE PENN INSURANCE AND ANNUITY COMPANY

Principal Place of Business Mailing Address % JAMES D. BENSON **% JAMES D. BENSON** 510 WALNUT ST. 510 WALNUT ST. PHILADELPHIA PA 19106-3619 PHILADELPHIA PA 19172 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1981 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 23-2142731 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi INSURANCE COMMISSIONER Name THE CAPITOL 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 83 84 City 85 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 Squarture: Typing or proceed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE TULLE 1.1 TITLE Change Addition CHAPPELL, ROBERT E NAME 1.2 NAME 510 WALNUT ST. STREET ADDRESS 1.3 STREET ADDRESS PHILADELPHIA PA 19172 CITY-ST-ZIE 1.4 CITY-ST-ZIP V & Chief Actuary DIVE ☐ DELETE Change 2.1 TITLE Addition DAVIS, ROBERT P NAMI 2.2 NAME 510 WALNUT ST. STREET ADDRESS 2.3 STREET ADORESS PHILADELPHIA PA 2 4 CITY-ST-ZIP CHTY-ST- ZIP DELETE THILE 31 TITLE ☐ Change \_\_\_ Addition BENSON, JAMES D NAME 3.2 NAME 510 WALNUT ST. STREET ADDRESS 3.3 STREET ADDRESS PHILADELPHIA PA 19172 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Tille 41 TITLE Change Addition KOCH, GEORGE F. F-AME 4 2 NAME Best, Jr. Franklin 510 WALNUT ST. STREET ADDRESS 43 STREET ADDRESS 510 Walnut Street PHILADELPHIA PA CITY - ST - ZIP 44 CITY-ST-ZIP <u>Philadelphia PA 19172</u> XX DELETE ☐ Change HILE 51 TITLE X Addition tait, john edwin NAME 52 NAME Toran, Daniel 510 WALNUT ST. STREET ADDRESS **53 STREET ADDRESS** 510 Walnut Street PHILADELPHIA PA CHY-ST 26 54 CiTY-ST-ZiP Philadelphia PA 19172 THLE DELETE 61 TITLE Change Addition Jerzberg. Steven M NAME 6.2 NAME Herzberg 510 WALNUT STREET STREET ADDRESS. 6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP 14. I do hereby certily that the information supplied with this filing 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 event of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

James Benson, Controller

attachment with an address.