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Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 849914 (7)
1. Corporation Name
THE PENN INSURANCE AND ANNUITY COMPANY



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

Mailing Address
% JAMES D. BENSON
510 WALNUT ST.
PHILADELPHIA PA 19172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 c/o Alicia H. Bolton	26 c/o Alicia H. Bolton	3. Date Incorporated or Qualified 08/04/1981	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 23-2142731	
22 600 Dresher Road	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Horsham, PA	28 Philadelphia, PA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
24 19044	25		
29 19172	30		

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	CD
NAME	CHAPPELL, ROBERT E	1.2 NAME	
STREET ADDRESS	510 WALNUT ST.	1.3 STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP	PHILADELPHIA PA 19172	1.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	VC	2.1 TITLE	
NAME	DAVIS, ROBERT P	2.2 NAME	
STREET ADDRESS	510 WALNUT ST.	2.3 STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	C	3.1 TITLE	VD
NAME	BENSON, JAMES D	3.2 NAME	Nancy S. Brodie
STREET ADDRESS	510 WALNUT ST.	3.3 STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP	PHILADELPHIA PA 19172	3.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	S	4.1 TITLE	
NAME	BEST, FRANKLIN JR	4.2 NAME	
STREET ADDRESS	510 WALNUT ST	4.3 STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	D	5.1 TITLE	PD
NAME	TORAN, DANIEL	5.2 NAME	
STREET ADDRESS	510 WALNUT ST.	5.3 STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	T	6.1 TITLE	
NAME	HERZBERG, STEVEN M	6.2 NAME	
STREET ADDRESS	510 WALNUT STREET	6.3 STREET ADDRESS	600 Dresher Road
CITY-ST-ZIP	PHILADELPHIA PA	6.4 CITY-ST-ZIP	Horsham, PA 19044

14. I hereby certify 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 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 address.

SIGNATURE

[Signature]

[Signature]

CP2E034 (10/97)