

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90170 027 \*\*\*150.00

DOCUMENT # 849914

1. Corporation Name

THE PENN INSURANCE AND ANNUITY COMPANY

Principal Place of Business

% ALICIA H BOLTON  
600 DRESHER RD  
HORSHAM PA 19044  
US

Mailing Address

5 ALICIA H BOLTON  
~~510 WALNUT ST.~~  
PHILADELPHIA PA 19172  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1981

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Ronald Trudeau

26 c/o Ronald Trudeau

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME CHAPPELL, ROBERT E  
STREET ADDRESS 600 DRESHER RD  
CITY-ST-ZIP HORSHAM PA 19044  
☐ DELETE

TITLE VC  
NAME DAVIS, ROBERT P  
STREET ADDRESS 600 DRESHER RD  
CITY-ST-ZIP HORSHAM PA 19044  
☒ DELETE

TITLE VD  
NAME NANCY S BRODIE  
STREET ADDRESS 600 DRESHER RD  
CITY-ST-ZIP HORSHAM PA 19044  
☐ DELETE

TITLE S  
NAME BEST, FRANKLIN JR  
STREET ADDRESS 600 DRESHER RD  
CITY-ST-ZIP HORSHAM PA 19044  
☐ DELETE

TITLE PD  
NAME TORAN, DANIEL  
STREET ADDRESS 600 DRESHER RD  
CITY-ST-ZIP HORSHAM PA 19044  
☐ DELETE

TITLE T  
NAME HERZBERG, STEVEN M  
STREET ADDRESS 600 DRESHER RD  
CITY-ST-ZIP HORSHA PA 19044  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE VD  
2.2 NAME Pence, Ralph I.  
2.3 STREET ADDRESS 600 Dresher Road  
2.4 CITY-ST-ZIP Horsham, PA 19044  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP Horsham, PA 19044  
☒ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIC Robert P. Davis

4/28/99

(215)956-8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0545027