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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849914

1. Corporation	Name 043314									
THE PENN INSURANCE AND ANNUITY COMPANY										
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Principal Place	e of Business	Mailing Addres	is				180101 10111 01910 10150 10501 1	FB11 DIDI DIDII D	SALL BIBLI GIBL	I DIDII UZDŽI IDDI
% ALICIA H BOLTON 5 ALICIA H BOLTON										
600 DRESHER RD 546-WALMUT-ST.						İ	DO NOT WE	TE W. T. 110	DDACE.	
HORSHAM PA 19044 PHILADELPHIA PA 19172						-	DO NOT WRITE IN THIS SPACE			
US		US .					3. Date Incorporated or Qualifed	l		
2 0.0.0.0.0	lace of Business	2a. Mailing Add	denna				08/04/1981 4. FEI Number		- 11,	Applied For
	Ronald Trudeau		Ronald	т.			23-2142731			Not Applicable
Suite, Apt.		Suite, Apt.		174	gea					Additional
22	<i>π</i> , 500.	27	,,, 0.00.				5. Certifcate of Status Desired		•	Required
City & State		City & State	e				6. Election Campaign Financing	_	\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	,		8. This corporation owes the cur	rent year Int	angible	
24	25	29	30	0			Personal Property Tax.		Yes	□No
,	9. Name and Address of Current	Registered Agent					10. Name and Address of New	Registered	Agent	
				81	Name					
	IRANCE COMMISSIONER			82	Street	Addres	s (P.O. Box Number is Not Accept	table)		
	CAPITOL			L	ļ					
IALL	AHASSEE FL			83	•					
				84	City				85 Zip	Code
				1	′			FL	.	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Flo	rida Statutes,	, the abov	e-named the corpo	corpora	ation submits this statement for the	e purpose of ept the appoi	changing if	ts registered registered
ecent I a	m familiar with, and accept the obligation	one of Section 607	COEDE Florid	a Chatutan			,			•
agent, i ai	in latitude military and appropriate annual	ona or, occaon cor	.0505, Florida	a Statutes	3 .					
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.		egistered Age		required wi	hen reinstating)	DATE FEICERS AN	ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. DIRECTORS	(NOTE: Re	egistered Age		required wi	nen reinstating) ADDITIONS/CHANGES TO O			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. DIRECTORS		egistered Age 13. 1.1 TITLE		required wh			ND DIRECT	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND CD CHAPPELL, ROBERT E	and title if applicable. DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature n	required wh				
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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

Daytime Phone #