

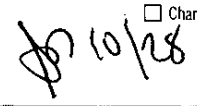



# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 849914</b> 1. Entity Name <b>THE PENN INSURANCE AND ANNUITY COMPANY</b>						<b>FILED</b> <b>04 OCT 26 PM 12: 40</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>C/O RICHARD KLENK</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044 US</b>				Mailing Address <b>C/O RICHARD KLENK</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044 US</b>			
2. Principal Place of Business <b>Attn: Craig Burns</b>		3. Mailing Address <b>Attn: Craig Burns</b>					
Suite, Apt. #, etc. <b>600 Dresher Road</b>		Suite, Apt. #, etc. <b>600 Dresher Road</b>					
City & State <b>Horsham, PA</b>		City & State <b>Horsham, PA</b>					
Zip <b>19044</b>	Country <b>USA</b>	Zip <b>19044</b>	Country <b>USA</b>				
4. FEI Number <b>23-2142731</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2005, Fee will be \$900.00</b> </div> <div></div> <div></div> </div>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>CHAPPELL, ROBERT E</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>PLUSH, RICHARD F</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BRODIE, NANCY</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BEST, FRANKLIN JR</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TORAN, DANIEL</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>700042189817</b>  <b>10/26/04--01066--006 **758.75</b> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HERZBERG, STEVEN M</b> <b>600 DRESHER RD</b> <b>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">  </div>				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE: Susan T. Deakins</b>  <b>10/22/04</b> <b>(215) 956-8080</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							