


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90254 023 ***150.00

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|---|---|
| DOCUMENT # 849914 |  |
| 1. Entity Name THE PENN INSURANCE AND ANNUITY COMPANY | |

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|---|---|
| Principal Place of Business ATTN: CRAIG BURNS 600 DRESHER RD HORSHAM, PA 19044 US | Mailing Address ATTN: CRAIG BURNS 600 DRESHER RD HORSHAM, PA 19044 US |
|---|---|

60003028

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| 2. Principal Place of Business Attn: Bethanne Adamsky | 3. Mailing Address Attn: Bethanne Adamsky |
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| Suite, Apt. #, etc. 600 Dresher Road | Suite, Apt. #, etc. 600 Dresher Road |
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01042006 Chg-P CR2E034 (11/05)

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|------------------------------------|------------------------------------|
| City & State Horsham, PA | City & State Horsham, PA |
|------------------------------------|------------------------------------|

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| 4. FEI Number 23-2142731 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---------------------|-----------------------|---------------------|-----------------------|
| Zip 19044 | Country USA | Zip 19044 | Country USA |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CHAPPELL, ROBERT E 600 DRESHER RD HORSHAM, PA 19044 <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 PLUSH, RICHARD F 600 DRESHER RD HORSHAM, PA 19044 <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 | EVCF VOGT, PETER J 600 DRESHER RD HORSHAM, PA 19044 <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 BEST, FRANKLIN JR 600 DRESHER RD HORSHAM, PA 19044 <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 TORAN, DANIEL 600 DRESHER RD HORSHAM, PA 19044 <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 | AT CHIARLANZA, PATRICIA 600 DRESHER RD HORSHAM, PA 19044 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Susan T. Deakins *Susan T. Deakins* 1/4/06 215-956-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #