


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 849914 1. Entity Name THE PENN INSURANCE AND ANNUITY COMPANY			FILED 07 OCT 09 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business ATTN: BETHANNE ADAMSKY 600 DRESHER RD HORSHAM, PA 19044 US		Mailing Address ATTN: BETHANNE ADAMSKY 600 DRESHER RD HORSHAM, PA 19044 US	
2. Principal Place of Business - No P.O. Box # Attn: Allan Cherry Suite, Apt. #, etc. 600 Dresher Road		3. Mailing Address Attn: Allan Cherry Suite, Apt. #, etc. 600 Dresher Road	
City & State Horsham, PA		City & State Horsham, PA	
Zip 19044	Country USA	Zip 19044	Country USA
4. FEI Number 23-2142731		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Chief Financial Officer - CT Corporation Systems Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	VController Kyle L. Elken 600 Dresher Road Horsham, PA 19044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLUSH, RICHARD F 600 DRESHER RD HORSHAM, PA 19044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCA Susan T. Deakins 600 Dresher Road Horsham, PA 19044 <input type="checkbox"/> Change <input checked="" 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	700110528037 10/09/07--01028--008 **158.75
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: <u>Kyle L. Elken</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10/5/07	Daytime Phone # 215-956-7949

[Handwritten signature]

REINSTATEMENT
 1004200743 REINSTATEMENT CR2E096 (1/07) 2007

WSP