

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 013 ***558.75



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

Principal Place of Business Mailing Address
 ATTN: ALLAN CHERRY ATTN: ALLAN CHERRY
 600 DRESHER RD 600 DRESHER RD
 HORSHAM PA 19044 HORSHAM PA 19044
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
ATTN: ALLAN CHERRY **ATTN: ALLAN CHERRY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
600 DRESHER RD **600 DRESHER RD**

2nd MOORE CR2E034 (4/08)

City & State City & State
HORSHAM, PA **HORSHAM PA**
 Zip Country Zip Country
19044 USA **19040 USA**

4. FEI Number **23-2142731** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**
 Street Address (P.O. Box Number is Not Acceptable) **SYSTEM**
1200 SOUTH PINE ISLAND RD
 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 **NA** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DU E BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
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	VCA DEAKINS, SUSAN T 600 DRESHER RD HORSHAM PA 19044 <input type="checkbox"/> Delete
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	S BEST, FRANKLIN JR 600 DRESHER RD HORSHAM PA 19044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORAN, DANIEL 600 DRESHER RD HORSHAM PA 19044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CHIARLANZA, PATRICIA 600 DRESHER RD HORSHAM PA 19044 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPPELL, ROBERT E 600 DRESHER RD HORSHAM PA 19044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONTROLLER DECAROLIS, RICHARD J 600 DRESHER RD HORSHAM PA 19044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: DATE: **7-31-2008** DAYTIME PHONE #: **215-956-7849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR