

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

ATTN: ALLAN CHERRY
600 DRESHER RD
HORSHAM PA 19044
US

Mailing Address

ATTN: ALLAN CHERRY
600 DRESHER RD
HORSHAM PA 19044
US



2. Principal Place of Business - No P.O. Box #

ATTN: ALLAN CHERRY

Suite, Apt. #, etc.
600 DRESHER RD

City & State
HORSHAM, PA

Zip
19044

Country
USA

3. Mailing Address

ATTN: ALLAN CHERRY

Suite, Apt. #, etc.
600 DRESHER RD

City & State
HORSHAM PA

Zip
19040

Country
USA

2nd MOORE

CR2E034 (4/08)

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE 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 **CD** ☐ Delete
NAME **CHAPPELL, ROBERT E**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **VCA** ☐ Delete
NAME **DEAKINS, SUSAN T**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **EVCF** ☐ Delete
NAME **VOGT, PETER J**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **S** ☐ Delete
NAME **BEST, FRANKLIN JR**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **PD** ☒ Delete
NAME **TORAN, DANIEL**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **AT** ☐ Delete
NAME **CHIARLANZA, PATRICIA**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **CHAPPELL, ROBERT E**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V CONTROLLER** ☐ Change ☒ Addition
NAME **DECAROLIS, RICHARD J**
STREET ADDRESS **600 DRESHER RD**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-2008 215-956-7849

Date

Daytime Phone #