

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849914

FILED
Feb 22, 2012
Secretary of State

Entity Name: THE PENN INSURANCE AND ANNUITY COMPANY

Current Principal Place of Business:

ATTN: ALLAN CHERRY
600 DRESHER RD
HORSHAM, PA 19044 US

New Principal Place of Business:

Current Mailing Address:

ATTN: ALLAN CHERRY
600 DRESHER RD
HORSHAM, PA 19044 US

New Mailing Address:

FEI Number: 23-2142731 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O.BOX 6200 32314-6200
200 E.GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MCDONNELL, EILEEN
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

Title: VCA
Name: DEAKINS, SUSAN T
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

Title: EVCF
Name: O'MALLEY, DAVE
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

Title: S
Name: BEST, FRANKLIN JR
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

Title: PD
Name: MCDONNELL, EILEEN
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

Title: AT
Name: CHIARLANZA, PATRICIA
Address: 600 DRESHER RD
City-St-Zip: HORSHAM, PA 19044

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANKLIN L BEST JR

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02/22/2012

Electronic Signature of Signing Officer or Director

_____ Date