
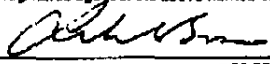
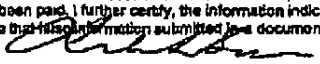


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14 Jan 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 849914					
1. Corporation Name THE PENN INSURANCE AND ANNUITY COMPANY					
2. Principal Office Address - No P.O. Box # ATTN: ALLAN CHERRY State, Apt. #, etc. 600 DRESHER RD City & State HORSHAM, PA Zip 19044 Country USA			3. Mailing Office Address ATTN: ALLAN CHERRY State, Apt. #, etc. 600 DRESHER RD City & State HORSHAM, PA Zip 19044 Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 08/04/1981					
5. PET Number 232142731				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED \$675 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name CHIEF FINANCIAL OFFICER					
Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 32314-6200					
State, Apt. #, etc. 200 E. GAINES ST.					
City TALLAHASSEE				State FL Zip Code 32399	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 				Date 1/27/14	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PC	MCDONNELL, EILEEN	600 DRESHER RD		HORSHAM, PA 19044	
SVCF	DEAKINS, SUSAN T	600 DRESHER RD		HORSHAM, PA 19044	
CO	O'MALLEY, DAVE	600 DRESHER RD		HORSHAM, PA 19044	
SC	BEST, FRANKLIN JR	600 DRESHER RD		HORSHAM, PA 19044	
PD	MCDONNELL, EILEEN	600 DRESHER RD		HORSHAM, PA 19044	
VCAT	DEMETRES, TIMOTHY	600 DRESHER RD		HORSHAM, PA 19044	
10. E-mail Address: Cherry.allan@pennmutual.com <small>(To be used for future annual report notification)</small>					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.					
SIGNATURE: 				Date 1/27/14 215 956 7154	
FRANK L. BEST JR. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

13-14 CR2801 (11/10)

Division of Corporations

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Florida Department of State
Division of Corporations
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Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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**CORPORATION REINSTATEMENT
THE PENN INSURANCE AND ANNUITY COMPANY**

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