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2015 OCT -9 AM 8:19

**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 # 600 Dresher Road		3. Mailing Office Address 600 Dresher Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Horsham, PA		City & State Horsham, PA	
Zip 19044	Country USA	Zip 19044	Country USA

CR28081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **8/4/1981**

5. FEI Number  
23-2142731 Applied For  
NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED **28.75** 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)  
200 East Gaines St

Suite, Apt. #, Etc.

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 607.0805 or 617.0503, F.S.

Signature of Registered Agent *Margaret E. Routzahn* **MARGARET E. ROUTZAHN** Date **10/8/15**  
Special Assistant Secretary  
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
	see attachment page		

**REINSTATEMENT**

10. E-mail Address: cherry.allan@penmutual.com  
(To be used for future annual report notification)

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.817.155, F.S.

SIGNATURE: *[Signature]* **10/8/15**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OCT - 9 2015  
L BERGER

**The Penn Insurance and Annuity Company**

**Attachment Page**

**#9 Names and Street Addresses of Officer and/or Director**

<b>Title</b>	<b>Name</b>	<b>Street Address</b>	<b>City/State/Zip</b>
<b>Chairman of the Board and President</b>	<b>Eileen C. McDonnell</b>	<b>600 Dresher Rd</b>	<b>Horsham PA 19044</b>
<b>Chief Operating Officer</b>	<b>David M. O'Malley</b>	<b>600 Dresher Rd</b>	<b>Horsham PA 19044</b>
<b>Senior VP, Chief Financial Officer</b>	<b>Susan T. Deakins</b>	<b>600 Dresher Rd</b>	<b>Horsham PA 19044</b>
<b>Secretary and Counsel</b>	<b>Franklin L. Best, Jr.</b>	<b>600 Dresher Rd</b>	<b>Horsham PA 19044</b>

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

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