

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT****FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

2015 OCT -9 AM 8:19

**DOCUMENT #** 849914

1. Corporation Name

The Penn Insurance and Annuity Company

2. Principal Office Address - No P.O. Box

600 Dresher Road

Suite, Apt. #, etc.

3. Mailing Office Address

600 Dresher Road

Suite, Apt. #, etc.

City &amp; State

Horsham, PA

Zip

19044

Country

USA

City &amp; State

Horsham, PA

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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent*Margaret E. Routzahn*

MARGARET E. ROUTZAHN

Special Assistant Secretary

Date 10/8/15

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@penmmutual.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:

*Cherry Allan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/15

Daytime Phone

OCT - 9 2015

L BERGER

10/9/2015 11:11:20 AM From: To: 8506176384( 3/3 )

**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

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Fax Number : (850) 617-6384

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Account Number : FCA000000023  
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Fax Number : (850) 878-5368

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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**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$758.75