

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846336

**Entity Name:** FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1300 SOUTH CLINTON STREET  
FORT WAYNE, IN 46802

**Current Mailing Address:**

1300 SOUTH CLINTON STREET  
FORT WAYNE, IN 46802 US

**FEI Number: 23-2044248**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           GLASS, DENNIS R.  
Address        150 NORTH RADNOR CHESTER ROAD  
  
City-State-Zip: RADNOR PA 19087

Title           SECRETARY  
Name           SMITH, NANCY A.  
Address        150 NORTH RADNOR CHESTER ROAD  
  
City-State-Zip: RADNOR PA 19087

Title           SENIOR VICE PRESIDENT,  
                  TREASURER  
Name           COUTTS, JEFFREY D.  
Address        150 NORTH RADNOR CHESTER ROAD  
  
City-State-Zip: RADNOR PA 19087

Title           DIRECTOR  
Name           FULLER, WILFORD H.  
Address        150 NORTH RADNOR CHESTER ROAD  
  
City-State-Zip: RADNOR PA 19087

Title           DIRECTOR  
Name           COOPER, ELLEN G.  
Address        150 NORTH RADNOR CHESTER ROAD  
  
City-State-Zip: RADNOR PA 19087

Title           ASSISTANT SECRETARY  
Name           ONDECKER, MARILYN K.  
Address        1300 SOUTH CLINTON STREET  
City-State-Zip: FORT WAYNE IN 46802

*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: MARILYN K. ONDECKER**

**ASSISTANT SECRETARY    02/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date