

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849914

Entity Name: THE PENN INSURANCE AND ANNUITY COMPANY**Current Principal Place of Business:**600 DRESHER ROAD
HORSHAM, PA 19044**Current Mailing Address:**600 DRESHER ROAD
HORSHAM, PA 19044 US**FEI Number:** 23-2142731**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P.O.BOX 6200 32314-6200
200 E.GAINES ST.
TALLAHASSEE, FL 32399 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	PRESIDENT/DIRECTOR
Name	MCDONNELL, EILEEN C.
Address	600 DRESHER ROAD
City-State-Zip:	HORSHAM PA 19044

Title	SECRETARY
Name	BEST, FRANKLIN L. JR.
Address	600 DRESHER ROAD
City-State-Zip:	HORSHAM PA 19044

Title	TREASURER/DIRECTOR
Name	DEAKINS, SUSAN T.
Address	600 DRESHER ROAD
City-State-Zip:	HORSHAM PA 19044

Title	DIRECTOR
Name	DRISCOLL, GREG
Address	600 DRESHER ROAD
City-State-Zip:	HORSHAM PA 19044

Title	DIRECTOR
Name	O'MALLEY, DAVID M.
Address	600 DRESHER ROAD
City-State-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.**SECRETARY****03/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date