### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

	me, address and d (Do Not Use G	roup Names)		entity under which this bio	graphical statement is being		
		The P	enn Mutual Life In	surance Company			
	ory Home Office						
<u>Philade</u>	<u>lphia, PA 19172</u>			600 Dresher Road			
				Horsham, PA 190 215-956-8000	44		
hereina	fter set forth. (A	e above-named entity, I attach addendum or sepa "NONE," SO STATE.	herewith make reparate sheet if space	presentations and supply in hereon is insufficient to ans	formation about myself as wer any question fully.) IF		
1.	Affiant's Full Name (Initials Not Acceptable): First: <u>Eileen</u> Middle: <u>Claire</u> Last: <u>McDonnell</u>						
2.	a. Are ye	ou a citizen of the United					
	Yes [	X No .					
	b. Are ye	ou a citizen of any other	country?				
	Yes [	No X					
	If yes,	, what country? N/A					
3.	Affiant's occupation or profession: Insurance Company Executive						
4.	Affiant's business address: 600 Dresher Road, Horsham, PA 19044						
	Business teleph	none: <u>215-956-7500</u>	Business Er	nail: McDonnell.eileen@per	nmutual.com		
5.	Education and	training:					
College	College/University City/State			Dates Attended (MM/YY	Degree Obtained		
Molloy College Rockville Cen			Centre, NY	09/1980 -06/1984	Bachelors		
Graduate Studies: College/ Univer			City/ State	Dates Attended (MM/YY	Degree Obtained		
		Adelphi University	Garden City, NY	09/1984 - 06/1988	Masters		
Other T	raining: Name	City/State	Dates Attended	(MM/YY) De	gree/Certification Obtained		
None							
Note:							
	Name of Society/Associ	ation Conta	ct Name	Address of Society/Association	Telephone Number of Society/Association		

	None					
	Present	or proposed position with the Applicant Comp	pany: Chairman, CEO, Trustee			
	including officers	ng present jobs, positions, partnerships, owner	aty (20) years, whether compensated or otherwise (up to and of an entity, administrator, manager, operator, directorates or additional pages if the space provided is insufficient. It is only ory information for the past ten (10) years.			
	See att	achment for complete listing of positions hel	<u>ld</u>			
	a.	Have you ever been in a position which requ	ired a fidelity bond?			
		Yes No X				
		If any claims were made on the bond, give de	etails: N/A			
	b.	Have you ever been denied an individual or revoked?	or position schedule fidelity bond, or had a bond canceled or			
		Yes No X				
		If yes, give details: <u>N/A</u>				
	List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.					
]	None					
miz	ation/Iss	suer of License NASD	Address 1735 K Street			
Wa	ashingto	n State/Province DC Country USA Posta	l Code <u>20006</u>			
ıse	Type <u>Se</u>	<u>CRD#2483663</u>	Date Issued (MM/YY) 05/94			
Ex	pired (N	MM/YY) 05/07 Reason for Termination	<u>Left Industry</u>			
Ins	urance F	Regulatory Phone Number (if known):				
		onding to the following, if the record has been ord was sealed or expunged, an affiant may res	sealed or expunged, and the affiant has personally verified that pond "no" to the question. Have you ever:			
	a.	Been refused an occupational, professional, any public administrative, or governmental l	or vocational license or permit by any regulatory authority, or icensing agency?			
		Yes No X				

b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	<u>N/A</u>
Lis	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The

12.

term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods

	office holds	n-management services, or otherwise, unless the power is the result of an official position with or corporate held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person.
	None	
	If any	of the stock is pledged or hypothecated in any way, give details. N/A
13.	or of a regular	Vill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance tory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that y, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control he person specified.
	Yes [	No X
	• /	please identify the company or companies in which the cumulative stock holdings represent 10% or more of standing voting securities.
	<u>N/A</u>	
	If any <u>N/A</u>	of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have y	ou ever been adjudged a bankrupt?
	Yes [	No X
	If yes,	provide details: <u>N/A</u>
15.	comm	ur knowledge has any company or entity for which you were an officer or director, trustee, investment ittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes X No .
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes X No No
		answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), should also include any events within twelve (12) months after his or her departure from the entity.

On March 1, 2016, New Mexico temporarily revoked Longevity Insurance Company's license due to late renewal payment. Longevity Insurance Company's Certificate of Authority was reinstated on April 7, 2016, effective March 1, 2016. The affiant was not directly involved.

### **Question 15c:**

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

The Penn Insurance and Annuity Company agreed to pay a fine of \$3,000 to the State of Connecticut Insurance Department in December 2013 following a Market Conduct Examination covering the year 2011 related to certain producers acting as agents without the required appointments.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Insurance and Annuity Company agreed to pay a fine of \$5,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

In April 2011, Janney Montgomery Scott, LLC agreed to pay a fine of \$10,000 to the State of Florida, Office of Financial Regulation related to violations of certain elements of restrictive registration agreements.

In May 2011, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$75,000 to FINRA related to untimely delivery of OS's to customers.

In July 2011, Janney Montgomery Scott, LLC agreed to pay a fine of \$850,000 to the Securities and Exchange Commission and a certain undertaking related to violations of Section 15(g) regarding policies and procedures reasonable designed to prevent the misuse of material, nonpublic information.

In December 2011, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$12,500 to the FINRA and a certain undertaking for reporting of OTC transactions that were not required to be reported.

In April 2012, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$55,000 to FINRA related to Equity Trading Best Execution and timely market order handling. Restitution of \$1,599.67 was paid to customers related to this matter.

In April 2012, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$10,000 to NASDAQ related to TMMS Violations of NASDAW Rules 4755 and 2110 and 3010

In December 2012, Janney Montgomery Scott, LLC agreed to censure and to pay a total fine of \$45,000 to FINRA and \$5,758.36 in restitution to customers, related to violations of Rule 204T, Regulation SHO, failure to repair OATS rejected, inaccurate or incomplete Reportable Order Events, repurchase of municipal securities from customers at an aggregate mark-up or mark-down price that was not fair and reasonable.

In July 2014, Janney Montgomery Scott, LLC agreed to pay a fine of \$12,500 to FINRA related to violations of SEC Rule 604.

In March 2015, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$17,500 to FINRA related to OATS and recordkeeping violations pertaining to SEC Rule 17a-3, FINRA Rule 4511 and FINRA Rule 7450(a).

In June 2015, Janney Montgomery Scott, LLC agreed to pay a fine of \$75,000 to the State of Delaware Attorney General's Office / Investor Protection Director, and \$30000 toward a portion of the costs incurred by the Unit in investigation of this matter, related to violations of the Delaware Securities Act Section.

In October 2015, Janney Montgomery Scott, LLC agreed to censure by FINRA and to pay restitution of \$1,164,001 to Eligible Customers related to violations of NAS Conduct Rule 3010/FINRA Rule 3110 and FINRA Rule 2010 regarding failure to establish and maintain a supervisory system and procedures reasonably designed to ensure that Eligible Customers who purchased mutual fund shares received the benefit of applicable sales waiver charges.

In February 2016, Janney Montgomery Scott, LLC was ordered to cease and desist and to pay a fine of \$500,000 to the Securities Exchange Commission related to violations of SEC Rule 15C2-12 regarding an underwriter's duty to monitor the accuracy of continuing disclosure obligations of municap bond issuers.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: The Penn Mutual Life Insurance Company

Dated and signed this 13th day of OCTOBER 20 16 at HORSHAM . I hereby of	ertify
under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the	e best
of my knowledge and belief.	
- Eilen C. Midmrell	
(Signature of Affiant)	
State of:   County of:   The foregoing instrument was acknowledged before me this 13th day of 1th 20/16 by Cheen M.	$\hat{\cdot}$
The foregoing instrument was acknowledged before me this 13th day of VLLUM 20/16 by Chlesh / ht	yrre
	**************************************
and:	
who is personally known to me, or	
who produced the following identification:	
[SEAL]  COMMONWEALTH OF PENNSYLVANIA  Notarial Seal Marianne C. Bechtel, Notary Public Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  COMMONWEALTH OF PENNSYLVANIA  Notary Public MALANE  Printed Notary Name	tel EL
My Commission Expires	

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Eileen McDonnell

Supervisor/Contact																	Dr. Walter Woerheide
Super	N/A	Z/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	Dr. V Woe
Type of Business	Health Services	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company		Broker/Dealer	Mutual Fund	Asset Manager	Insurance	Company	Insurance Company	Insurance Company	Insurance Company	Broker Dealer	Educational
Office/Position Held	Board Member	Director	Chairman of the Board	Chief Executive Officer	President	Executive Vice President	and Chiel Marketing Officer	Director (Chair as of	Chairman	Director	Chief	Executive Officer	President	Chairman of the Board	Director	Director	Associate Professor
Phone	610-768- 3355	215-956- 7500	215-956- 7500	215-956- 7500	215-956- 7500	215-956- 7500		215-956- 7500	215-956- 7500	215-956- 7500	215-956-	7500	215-956- 7500	215-956- 7500	215-956- 7500	215-956- 7500	610-526- 1000
Address*	367 Gulph Road, King of Prussia, PA	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406		1717 Arch Street, Philadelphia, PA, 19103	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406		600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406	600 Dresher Road, Horsham PA 19406	270 S. Bryn Mawr Ave, Bryn Mawr, PA 19010
Name	Universal Health Services, Inc.	Longevity Insurance Company	The Penn Mutual Life Insurance Company		Janney Montgomery Scott, LLC	Penn Series Funds	Penn Mutual Asset Management. Inc.	The Penn Insurance and	Annuity Company	The Penn Insurance and	The Penn Insurance and Annuity Company	The Penn Insurance and Annuity Company	Hornor, Townsend & Kent, Inc.	The American College			
End Date	Present	Present	Present	Present	1/1/2016	3/2010		Present	Present	Present	Present		2/2016	Present	Present	2/2011	2/2008
Beginning Date	4/1/2013	11/2015	7/1/2013	2/2011	3/2010	2/2008		2/2011	9/2010	9/2010	2/2016		4/2010	6/2012	2010	2/2008	2/2007

				4		,	
1/2003	5/2005	5/2005 Metlife	One Metlife Plaza, Long Island City, NY   212-578-	212-578-	President-New	Insurance	C. Kobert
				2211	England	Company	Henrickson (CEO)
9/1995	12/2002	12/2002 Guardian Life Insurance	7 Hanover Square, New York, NY, 10004	N/A	Senior Vice	Insurance	N/A
1		Company			President	Company	
		, , , , , , , , , , , , , , , , , , ,					

\* USA unless otherwise noted

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	ed (Do Not Use G	roup Names)			piographical statement is being
• • •		The Per	ın Mutual Life I	nsurance Company	
	ory Home Office			Main Administr	rative Office
Philade	elphia, PA 19172			600 Dresher Ro	
				Horsham, PA 1	9044
				215-956-8000	
hereina	after set forth. (A				information about myself as answer any question fully.) II
1.	Affiant's Full N	Name (Initials Not Accepta	ıble): First: <u>David</u>	Middle: Michael Last:	O'Malley
2.	a. Are yo	ou a citizen of the United S	States?		
	Yes	X No			
	b. Are yo	ou a citizen of any other co	ountry?		
	Yes	No X			
	If yes,	what country? N/A			
3.	Affiant's occup	pation or profession: <u>Insura</u>	ance Company Ex	<u>ecutive</u>	
4.	Affiant's busine	ess address: 600 Dresher F	Road, Horsham, P	A 19044	
	Business teleph	none: <u>215-956-8759</u>	Business I	Email: <u>OMalley.David@per</u>	nnmutual.com
5.	Education and	training:			
College	e/University	<u>City/State</u>		Dates Attended (MM/Y	YY) <u>Degree Obtained</u>
<u>Drexel</u>	University	Philadel	ohia, PA	09/92 - 05/97	B.S. Economics/Finance
<u>Gradua</u>	ate Studies	College/University	City/State	Dates Attended (MM/Y	Y) Degree Obtained
None	2				
Other 7	Γraining: Name	<u>City/State</u>	Dates Attende	d (MM/YY) <u>I</u>	Degree/Certification Obtained
None					
Note:		vide the foreign student I			er of the college/university. I in the Biographical Affidavi

6.	List of mem	berships in pr	ofessional societies and a	associations:				
	Name Society/Asso		Contact Name		ress of Association	Telephone Number of Society/Association		
	AALU – for Adva Underwriti		David Stertzer, CEO	Mailing Addr PO Box 2207 VA 20153	ress: 731, Chantilly,	(703) 641-9400		
				Physical Add 11921 Freedo 1100, Reston	om Drive, Suite			
7.	Present or p Trustees	roposed posit	tion with the Applicant	Company: <u>Presiden</u>	t, Chief Operati	ng Officer, Member Board of		
8.	including pr officerships)	esent jobs, po Dease list t	ositions, partnerships, ow	ner of an entity, ad ch additional pages	lministrator, mar if the space pro	sated or otherwise (up to and nager, operator, directorates or vided is insufficient. It is only 10) years.		
	See attachm	ent for comp	olete listing of positions	<u>held</u>				
9.	a. Ha	ve you ever b	een in a position which re	equired a fidelity bo	nd?			
	Yes		No X					
	If any claims were made on the bond, give details: N/A							
		ve you ever t oked?	peen denied an individua	al or position sched	lule fidelity bon	d, or had a bond canceled or		
	Yes	1	No X					
	Ify	es, give detai	ls: <u>N/A</u>					
10.	or governme in the past. I the licensing number is you are reasonab represented	ental licensing For any non-ing authority or our Social Secoly identifiably by your SSN	g agency or regulatory au nsurance regulatory issue regulatory body having j curity Number (SSN) or o e as your SSN, then wri	thority or licensing r, identify and prov- urisdiction over the embeds your SSN of the SSN for that por	authority that you ide the name, add clicense (s) issue or any sequence of tion of the profe	ecurities) issued by any public ou presently hold or have held dress and telephone number of ed. If your professional license of more than five numbers that essional license number that is et 6 digits)). Attach additional		
	None							
Organiz	zation/Issuer o	of License:		Address:				
						Postal Code:		
License	Type:		License #:	Date I	ssued (MM/YY)	):		
Date Ex	spired (MM/Y	Y):	Reason for Te	ermination:				
Non-In	surance Regul	atory Phone 1	Number (if known):					

11.		responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civitraffic offenses?
		Yes No X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No X
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		Yes No X

If the response to any question above is ye	s, please provide details	including dates,	locations,	disposition, etc
Attach a copy of the complaint and filed ad	udication or settlement a	s appropriate.		

N/A

12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
	<u>None</u>
	If any of the stock is pledged or hypothecated in any way, give details. N/A
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
	Yes No X
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
	<u>N/A</u>
	If any of the shares of stock are pledged or hypothecated in any way, give details.
	<u>N/A</u>
14.	Have you ever been adjudged a bankrupt?
	Yes No X
	If yes, provide details: <u>N/A</u>
15.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X

No

similar proceeding)?

Yes

b.

Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other

c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of
	authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### **Details on Question 15b:**

Kansas revoked Hornor, Townsend & Kent ("HTK")'s certificate of authority April 15, 2007 for failure to file an annual report. The affiant was not directly involved

On March 1, 2016, New Mexico temporarily revoked Longevity Insurance Company's license due to late renewal payment. Longevity Insurance Company's Certificate of Authority was reinstated on April 7, 2016, effective March 1, 2016. The affiant was not directly involved.

### Details on Question 15c.: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

The Penn Insurance and Annuity Company agreed to pay a fine of \$3,000 to the State of Connecticut Insurance Department in December 2013 following a Market Conduct Examination covering the year 2011 related to certain producers acting as agents without the required appointments.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Insurance and Annuity Company agreed to pay a fine of \$5,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

In November 2010, Janney Montgomery Scott, LLC agreed to a censure and to pay a fine of \$175,000 to FINRA related to a case from legacy Regulator (NYSE) Enforcement program (now discontinued): violations from 2003-2005 examinations including: certain elements of AML program; isolated branch supervision matters; failure to review institutional Instant Messages.

In April 2011, Janney Montgomery Scott, LLC agreed to pay a fine of \$10,000 to the State of Florida, Office of Financial Regulation related to violations of certain elements of restrictive registration agreements.

In May 2011, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$75,000 to FINRA related to untimely delivery of OS's to customers.

In July 2011, Janney Montgomery Scott, LLC agreed to pay a fine of \$850,000 to the Securities and Exchange Commission and a certain undertaking related to violations of Section 15(g) regarding policies and procedures reasonable designed to prevent the misuse of material, nonpublic information.

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In April 2012, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$10,000 to NASDAQ related to TMMS Violations of NASDAW Rules 4755 and 2110 and 3010

In December 2012, Janney Montgomery Scott, LLC agreed to censure and to pay a total fine of \$45,000 to FINRA and \$5,758.36 in restitution to customers, related to violations of Rule 204T, Regulation SHO, failure to repair OATS rejected, inaccurate or incomplete Reportable Order Events, repurchase of municipal securities from customers at an aggregate mark-up or mark-down price that was not fair and reasonable.

In July 2014, Janney Montgomery Scott, LLC agreed to pay a fine of \$12,500 to FINRA related to violations of SEC Rule 604.

In March 2015, Janney Montgomery Scott, LLC agreed to censure and to pay a fine of \$17,500 to FINRA related to OATS and recordkeeping violations pertaining to SEC Rule 17a-3, FINRA Rule 4511 and FINRA Rule 7450(a).

In June 2015, Janney Montgomery Scott, LLC agreed to pay a fine of \$75,000 to the State of Delaware Attorney General's Office / Investor Protection Director, and \$30000 toward a portion of the costs incurred by the Unit in investigation of this matter, related to violations of the Delaware Securities Act Section.

In October 2015, Janney Montgomery Scott, LLC agreed to censure by FINRA and to pay restitution of \$1,164,001 to Eligible Customers related to violations of NAS Conduct Rule 3010/FINRA Rule 3110 and FINRA Rule 2010 regarding failure to establish and maintain a supervisory system and procedures reasonably designed to ensure that Eligible Customers who purchased mutual fund shares received the benefit of applicable sales waiver charges.

In February 2016, Janney Montgomery Scott, LLC was ordered to cease and desist and to pay a fine of \$500,000 to the Securities Exchange Commission related to violations of SEC Rule 15C2-12 regarding an underwriter's duty to monitor the accuracy of continuing disclosure obligations of municap bond issuers.

In August 2012, HTK was ordered to cease and desist and to pay a fine of \$1,750 to the New Hampshire Department of State, Bureau of Securities Registration for failure to amend a representative's U4 for a civil litigation.

In October 2012, HTK agreed to censure and to pay a fine of \$150,000 to FINRA relating to deficient supervision of direct mutual fins transactions and recordkeeping.

If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive Note: and an explanation provided.

Dated and signed this 13th day of OCTOBEN 20 16 at 14012 under penalty of perjury that I am acting on my own behalf and that the forego of my knowledge and belief.  (Signature of Affiant)	I hereby certify ing statements are true and correct to the best
State of: County of: County of: The foregoing instrument was acknowledged before me this 13 day of left and:	her, 20 16 by April O'Malley
who produced the following identification:	·
[SEAL]  COMMONWEALTH OF PENNSYLVANIA  Notarial Seal Marianne C. Bechtel, Notary Public Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	MARIANNE DECHTEL  Printed Notary Name  12 26 201  My Commission Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT OF DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: David O'Malley

Supervisor/Contact	Eileen McDonnell / 215-956-8000	Eileen McDonnell / 215-956-8000	Eileen McDonnell / 215-956-8000	Robert Chappell	Peter Vogt	Robert Chappell	Peter Sherman	N/A	N/A	N/A	Richard Haverstick Jr.
Type of Business	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Mutual Fund	Insurance Company	Insurance Company	Health Institution
Office/Position Held	President and Trustee	Chief Operating Officer	Chief Financial Officer	Executive Vice President	Senior Vice President, Product Management	Vice President, Chief Risk Officer, Enterprise Risk Management	Vice President, Fixed Income	Senior Portfolio Manager	Asset Portfolio Manager & Quantitative Risk Analyst	Chairman of the Board and President	Audit, Risk, and Compliance Committee of the Thomas Jefferson University Board of
Phone	215-956-7500	215-956-7500	215-956-7500	215-956-7500	215-956-7500	215-956-7500	215-956-7500	215-956-7500	215-956-7500	215-956-7500	215-955-6656
Address*	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	925 Chestnut Street, Philadelphia, PA 19107				
Name	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	Longevity Insurance Company	Thomas Jefferson University Hospital System and Thomas Jefferson University Hospitals, Inc.				
End Date	Present	Present	2/2013	2/2013	12/2008	12/2007	12/2005	9/2001	12/1997	Present	Present
Beginning Date	1/1/2016	3/2013	3/2010	1/2009	1/2008	1/2006	1/2002	1/1998	1/1996	11/2015	10/2015

					Trustees		
8/2015	Present	Thomas Jefferson University Hospital System and Thomas Jefferson University Hospitals, Inc.	925 Chestnut Street, Philadelphia, PA 19107	215-955-6656	Trustee	Health Institution	Richard Hevner
6/2010	Present	Janney Montgomery Scott LLC	1717 Arch Street, Philadelphia, PA 19103	215-665-6000	Director	Broker Dealer	N/A
6/2010	3/2014	Janney Montgomery Scott LLC	1717 Arch Street, Philadelphia, PA 19103	215-665-6000	Member, Audit Committee	Broker Dealer	N/A
5/2014	Present	Penn Series Funds	600 Dresher Road, Horsham PA 19044	215-956-7500	President	Mutual Fund	Eileen McDonnell
5/2010	Present	Penn Mutual Asset Management Inc. (formerly Independence Capital Management until 1/1/15)	600 Dresher Road, Horsham P.A. 19044	215-956-7500	Chief Executive Officer and Chairman, Board of Directors	Investment Management Advisor	N/A
2/2016	Present	The Penn Insurance and Annuity Company	1209 Orange Street, Wilmington, DE, 19801	215-956-8000	President	Insurance Company	Eileen McDonnell
6/2013	Present	The Penn Insurance and Annuity Company	1209 Orange Street, Wilmington, DE, 19801	215-956-8000	Chief Operating Officer	Insurance Company	Eileen McDonnell
9/2010	Present	The Penn Insurance and Annuity Company	1209 Orange Street, Wilmington, DE, 19801	215-956-8000	Director	Insurance Company	Eileen McDonnell
2/2013	Present	The Penn Insurance and Annuity Company	1209 Orange Street, Wilmington, DE, 19801	215-956-8000	Member Audit Committee	Insurance Company	Eileen McDonnell
12/2013	Present	PIA Reinsurance Company of Delaware I	1201 North Market Street, Wilmington, DE, 19801	215-956-8000	President	Insurance Company	N/A
12/2013	9/2016	PIA Reinsurance Company of Delaware I	1201 North Market Street, Wilmington, DE, 19801	215-956-8000	Chairman, Board of Directors	Insurance Company	N/A
9/2013	Present	Drexel University President's Leadership Council	3141 Chestnut Street, Philadelphia, PA 19104	215-751-3794	Council member	Educational Institution	John Fry, President 215-897-2607
6/2011	Present	St. Joseph University Academy of Risk Management & Insurance Board of Governors	5600 City Avenue, Philadelphia, PA 19131	610-660-1252	Board Member	Educational Institution	David Benglian, 610-660-1665
4/2007	6/2012	Homor, Townsend & Kent, Inc.	600 Dresher Road, Horsham P.A. 19044	215-956-8759	Chairman, Audit Committee; Member, Board of Directors	Broker/Dealer	N/A
9/2001	12/2001	Morgan Stanley	1585 Broadway, New York, NY, 10036		Vice President	Investment Bank	N/A
	V11*	* IIC A unless otherwise noted					

\* USA unless otherwise noted

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

			resent or propose	d entity under which this biogra	aphical statement is being
requir	ed (Do Not Use	Group Names)The Per	ın Mutual Life Ir	surance Company	
Philad	tory Home Offi lelphia, PA 191	ice 72		Main Administrative 600 Dresher Road Horsham, PA 19044 215-956-8000	
herein	after set forth.			presentations and supply infor hereon is insufficient to answe	
1.	Affiant's Ful	l Name (Initials Not Accepta	ble): First: <u>Joan</u>	Middle: Pauline Last: Carter	
2.	a. Are	you a citizen of the United S	tates?		
	Yes	X No			
	b. Are	you a citizen of any other con	untry?		
	Yes	No X			
	If ye	es, what country? N/A			
3.	Affiant's occ	upation or profession: Trustee	e (PML) and Presi	dent (UM Holdings)	
4.		iness address: <u>56 N. Haddon</u> phone: <u>856-354-2200</u>	Avenue, Haddonf Business En		
5.	Education and	d training:			
College	e/University	City/Stat	<u>te</u>	Dates Attended (MM/YY)	Degree Obtained
College	e of Wooster	Wooster,	ОН	1961-1965	BA
Gradua	nte Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	······································	University of Pittsburgh	Pittsbugh, PA		No Degree
Other T None	Training: Name	<u>City/State</u>	Dates Attended	(MM/YY) Degree	/Certification Obtained
Note:		ovide the foreign student Ide		ress and telephone number of t er in the space provided in the	

Applicant (	Company	Name:	The	Penn	Mutual	Life	Insurance	Company
Appnount	COMPANY	ranic.	7 11	I CILLI	muuuai	LILL	mous ance	Company

6.	List of mem	berships in profes	sional societies and as	ssociations:		
	Name of Society/Asso		Contact Name		ress of Association	Telephone Number of Society/Association
	None					
7.	Present or pr	oposed position v	vith the Applicant Cor	mpany: <u>Trustee</u>		
8.	including pre officerships).	esent jobs, position Please list the m	ons, partnerships, own	er of an entity, adn h additional pages i	ninistrator, manag	ed or otherwise (up to and ger, operator, directorates of led is insufficient. It is only years.
	See attachme	ent for complete 1	isting of positions held	1		
9.	a. Hav	e you ever been i	n a position which req	uired a fidelity bon	d?	
	Yes	No [	X			
	If an	y claims were ma	nde on the bond, give	details: <u>N/A</u>		
	b. Have revo	-	denied an individual	or position schedu	le fidelity bond,	or had a bond canceled or
	Yes	No [	X			
	If ye	s, give details: <u>N</u>	<u>'A</u>			
10.	or government in the past. For the licensing a number is you are reasonably represented by	atal licensing ager or any non-insurar authority or regul or Social Security or identifiable as	ncy or regulatory authorice regulatory issuer, atory body having jur Number (SSN) or enyour SSN, then write r example, "SSN", "I	ority or licensing a identify and providisdiction over the libeds your SSN or a SSN for that portion	uthority that you pe the name, addresticense (s) issued. It any sequence of non of the profession	rities) issued by any public presently hold or have held as and telephone number of If your professional license nore than five numbers that onal license number that is digits)). Attach additional
	None					
Organi	zation/Issuer of	License:		Address:		
City: _		State/Province	ce:	Country:	Post	al Code:
License	Type:	Lice	ense #:	Date Iss	ued (MM/YY): _	
Date E	xpired (MM/YY	T):	Reason for Term	ination:	· · · · · · · · · · · · · · · · · · ·	
Non-In	surance Regulat	ory Phone Numb	er (if known):			

11.

the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that

a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
	Yes No X
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	<u>N/A</u>

12.	poss perso or no offic hold	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ession, direct or indirect, of the power to direct or cause the direction of the management and policies of a on, whether through the ownership of voting securities, by contract other than a commercial contract for goods on-management services, or otherwise, unless the power is the result of an official position with or corporate held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, s with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person.
	None	· 2
	If an	y of the stock is pledged or hypothecated in any way, give details. N/A
13.	or of regul direc	Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance atory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that tly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
	Yes	No X
		s, please identify the company or companies in which the cumulative stock holdings represent 10% or more of atstanding voting securities.
	N/A	
	If any <u>N/A</u>	of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have	you ever been adjudged a bankrupt?
	Yes	No X
	If yes	, provide details: <u>N/A</u>
15.	comm	our knowledge has any company or entity for which you were an officer or director, trustee, investment entittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Vac V No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details on Question 15c.: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$15,000 following a Market Conduct Examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this July day of <u>October</u> 20 / 6 at under penalty of perjury that I am acting on my own behalf and that the foregon of my knowledge and belief.	I hereby certify ing statements are true and correct to the best
(Signature of Affiant)	
State of: NEW JERSEY County of: AMDEN  The foregoing instrument was acknowledged before me this 210 day of Cabil  and:	XX, 2016 by Loan Carter.
who is personally known to me, or	
who produced the following identification:  [SEAL]	Patty F. Warsher Notary Public PROTY F. WAS NEX
	Printed Notary Name 9-14-2020 Cityle of the the true Signature of Joan CARTER—
	PATTY F WAISNER  ID # 2334363  NOTARY PUBLIC  STATE OF NEW JERSEY  My Commission Expires September 14, 2020

### NAIC Biographical Affidavit #8 Supplemental Schedule

Carter
$\ddot{\mathbb{C}}$
Pauline
Joan
Name: Joan

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/
2001	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Trustee	Insurance	N/A
1973	Present	UM Holdings (Formerly United Medical Corp.	56 N. Haddon Avenue, Haddonfield, NJ, 08033	856-354-2200	President	Financial Services	N/A
2015	Present	Freedom Works Foundation	400 N. Capitol St. NW Washington DC 20001	202-783-3870	Chair	Non-profit	N/A
2014	Present	Abraham Lincoln Foundation	140 South Broad Street Philadelphia, PA 19102	215-563-6500	Chair	Historical Non- profit	N/A
1986	Present	College of Wooster	1189 Beale Avenue Wooster, OH 44691	330-263-2000	Trustee	University	N/A
	Present	Lourdes Health System Inc.	1600 Haddon Avenue Camden, NJ 08103	856-757-3500	Trustee	Health Care	N/A
1983	2016	Cybex International	10 Trotter Drive Medway MA, 02053	508-533-4300	Vice Chair	Manufacturer	N/A
1987	2016	EHE International	10 Rockefeller Plaza New York, NY 10020	212-332-3700	Director	Health Care	N/A
12/10	12/12	Union League of Philadelphia	140 South Broad Street Philadelphia, PA 19102	215-563-6500	President	Private Club	N/A
1998	2001	Federal Reserve Bank of Philadelphia	10 Independence Mall Philadelphia, PA 19106	215-574-6000	Chair	Banking	N/A
1994	2001	Federal Reserve Bank of Philadelphia	10 Independence Mall Philadelphia, PA 19106	215-574-6000	Director	Banking	N/A
The state of the s							
	sn *	* USA unless otherwise noted					

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	rea (Do not esc	Group Names). The Pen	n Mutual Life Insi	urance Company		
	itory Home Offi				strative Office	<u> </u>
<u>Phila</u>	delphia, PA 1917	12		600 Dresher Horsham, PA		
				215-956-800		
herei	nafter set forth.	he above-named entity, I he (Attach addendum or separate R "NONE," SO STATE.	erewith make repr e sheet if space he	esentations and supp	ly information	about myself as question fully.) IF
1.	Affiant's Ful	l Name (Initials Not Acceptab	ole): First: <u>Robert</u>	Middle: <u>Eugene</u> Las	t: <u>Chappell</u>	
2.	a. Are	you a citizen of the United St	ates?			
	Yes	X No				
	b. Are	you a citizen of any other cou	intry?			
	Yes	No X				
	If yo	es, what country? N/A				
3.	Affiant's occ	cupation or profession: Trustee	2			
4.	Affiant's bus	iness address: 600 Dresher Ro	oad, Horsham, PA	<u>19044</u>		
	Business tele	ephone: 215-956-8000	Business Em	ail:		
5.	Education an	d training:		,		
Colle	ege/University	City/Stat	<u>te</u>	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
Getty	ysburg College	Gettysbur	g, PA	9/62 - 5/66		A.B Degree
Grad	uate Studies	College/University	City/State	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
Wha	rton School	University of Pennsylvania	Philadelphia, PA	9/69 – 6/71		MBA
Othe:	r Training: Name	<u>City/State</u>	Dates Attended	(MM/YY)	Degree/Certi	fication Obtained
Note	: If affiant atte applicable, p	ended a foreign school, pleas provide the foreign student Id al Information.				

Applicant	Company	Name:	The	Penn	Mutual	Life	Insurance	Company
F F	- 0,,,,,					~~~~		- 0 222

List of memberships in professional societies and associations:

6.

NAIC No. 67644 FEIN: 23-0952300

	Name of Society/Association	ion Contact Name	Addre Society/As		Telephone Number of Society/Association
	None				
	Present or propos	sed position with the Applican	t Company: <u>Trustee</u>		
	including present officerships). Ple	inployment record for the past t jobs, positions, partnerships, tase list the most recent first. A ride telephone numbers and su	, owner of an entity, adm Attach additional pages if	inistrator, manag the space provid	er, operator, directorates or led is insufficient. It is only
	See attachment f	or complete listing of position	<u>s held</u>		
	a. Have yo	ou ever been in a position which	ch required a fidelity bond	1?	
	Yes	No X			
	If any cl	laims were made on the bond,	give details: <u>N/A</u>		
	b. Have yo revoked	ou ever been denied an indiv?	idual or position schedul	le fidelity bond,	or had a bond canceled or
	Yes	No X			
	If yes, g	ive details: <u>N/A</u>			
	or governmental in the past. For a the licensing auth number is your S are reasonably ic represented by y	onal, occupational and vocational icensing agency or regulatory in non-insurance regulatory is nority or regulatory body havisocial Security Number (SSN) dentifiable as your SSN, then our SSN. (For example, "SS e provided is insufficient.	y authority or licensing au ssuer, identify and provide ing jurisdiction over the li or embeds your SSN or a write SSN for that portion	athority that you the name, addre- cense (s) issued. any sequence of a on of the profess:	presently hold or have held ess and telephone number of If your professional license more than five numbers that ional license number that is
	None				
gania	zation/Issuer of Lic	cense:	Address:		
y: _		State/Province:	Country:	Po	stal Code:
ense	туре:	License #:	Date Iss	ued (MM/YY):	
	xpired (MM/YY):				

11.

the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that

a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
	Yes No X
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	<u>N/A</u>

12.	term " posses persor or nor office holds	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a n, whether through the ownership of voting securities, by contract other than a commercial contract for goods n-management services, or otherwise, unless the power is the result of an official position with or corporate held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person.
	None	
	If any	of the stock is pledged or hypothecated in any way, give details. N/A
13.	or of regula	[7] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance tory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that y, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control he person specified.
	Yes [	No X
		please identify the company or companies in which the cumulative stock holdings represent 10% or more of tstanding voting securities.
	<u>N/A</u>	
	If any	of the shares of stock are pledged or hypothecated in any way, give details.
	<u>N/A</u>	
14.	Have	you ever been adjudged a bankrupt?
	Yes [	No X
	If yes,	provide details: <u>N/A</u>
15.	comm	our knowledge has any company or entity for which you were an officer or director, trustee, investment ittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details on Question 15c.: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$15,000 following a Market Conduct Examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this under penalty of perjuot of my knowledge and	day of <u>OC-toBER</u> 20 <u>/(a)</u> 20 (a) 20	at NORTHAM. I hereby certify the foregoing statements are true and correct to the best
Fra Elly		
(Sign	ature of Affiant)	
State of: PA  The foregoing instrum  and:	County of: AMTHAL  nent was acknowledged before me this Aday	ry of fetabliza 16 by Robert Chappel
who is personally	known to me, or	
who produced the	e following identification:	
[SEAL]	COMMONWEALTH OF PENNSYLVANIA  Notarial Seal Marianne C. Bechtel, Notary Public Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017	Marie Dechtel  MARIANNE C. BECHIEL  Printed Notary Name  13-36-3017
	member, pennsylvania association of notaries	My Commission Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Robert Eugene Chappell

Beginning		,		Phone	Office/Position	Type of	
Date	Date	Name	Address*		Held	Business	Supervisor/Contact
//13	Present	I he Penn Mutual Lite Insurance Company	600 Dresher Road Horsham, PA 19044		Trustee	Insurance Company	N/A
2/11	7/13	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Chairman of	Insurance	N/A
3/10	2/11	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Chairman of the Board &	Insurance Company	N/A
0000	2/10	The Denn Munical Life	600 Describer Bood Hearborn BA 10044		CEO		NY / A
8 0007	3/10	The Fenn Mutual Life Insurance Company	oud Dresner Koad Horsnam, r.A. 19044		Chairman of the Board, CEO & President	Insurance	Y/Z
1997	2008	The Penn Mutual Life	600 Dresher Road Horsham, PA 19044		Chairman of	Insurance	N/A
		Insurance Company			the Board & CEO	Company	
1995	1997	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		President & CEO	Insurance Company	N/A
9/12	Present	CSS Industries, Inc.	Suite 300 Interchange Corporate Center Plymouth Meeting, PA 19462		Director	Consumer Products	N/A
1661	Present	Quaker Chemical Corp.	901 East Hector Street Conshohocken, PA 19428		Director	Chemical	N/A
1990	Present	Touchpoint, Inc.	210 North Brinton Lake Road Concordville, PA 19331		Director	Manufacturing	N/A
2000	2005	Federal Reserve Board of Philadelphia	10 North Independence Mall W Philadelphia, PA 19106		Director	Banking	N/A
6861	2002	P.H. Glatfelter Company	228 South Main Street Spring Grove PA, 17362		Director	Manufacturing and Supplier	N/A
·							-
	4 CT 1 *						

<sup>\*</sup> USA unless otherwise noted

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	me, address and d (Do Not Use C	telephone number of the pro	esent or propos	sed entity under which thi	s biographi	cal statement is being
			Mutual Life	Insurance Company		
	ory Home Office lphia, PA 19172			Main Admin 600 Dresher Horsham, Pa 215-956-800	Road A 19044	ffice
hereina	fter set forth. (A	e above-named entity, I he Attach addendum or separate "NONE," SO STATE.		representations and supp	ly informa	
1.	Affiant's Full	Name (Initials Not Acceptab	le): First: Will	iam Middle: Roland La	ıst: <u>Cook</u>	
2.	a. Are y	ou a citizen of the United Sta	ates?			
	Yes [	X No				
	b. Are y	ou a citizen of any other cou	ntry?			
	Yes [	No X				
	If yes	, what country? N/A				
3.	Affiant's occu	pation or profession: <u>Trustee</u>				
4.	Affiant's busin	ness address: 600 Dresher Ro	ad, Horsham,	PA 19044		
	Business telep	hone: <u>215-956-8000</u>	Business	Email:		
5.	Education and	training:				
College	/University	City/State	<u>e</u>	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
	University University	Morganto Morganto		1961-1965 1965-1966	·	- Chemistry/Biology - Marketing
<u>Gradua</u>	te Studies	College/University	City/State	Dates Attended (MM	<u>1/YY</u> )	Degree Obtained
		Michigan State University	Michigan	1969-1970		MBA
Other T	raining: Name	City/State	Dates Attend	ded (MM/YY)	Degree/C	ertification Obtained
Note:		nded a foreign school, please ovide the foreign student Ide				

Supplemental Information.

Applicant Company Name: The Penn Mutual Life Insurance Company

List of memberships in professional societies and associations:

6.

NAIC No. 67644 FEIN: 23-0952300

		me of Association	Contact Name	Addres Society/Ass		Telephone Number of Society/Association
	None					MANAGEMENT CONTRACTOR
7.	Present of	or proposed position	with the Applicant Con	npany: Trustee		
8.	including officersh	g present jobs, positings). Please list the	ions, partnerships, own	er of an entity, admir additional pages if t	nistrator, manager he space provide	I or otherwise (up to and r, operator, directorates or d is insufficient. It is only rears.
	See attac	chment for complete	listing of positions held	!		
9.	a.	Have you ever been	in a position which req	uired a fidelity bond?		
		Yes No	X			
		If any claims were n	nade on the bond, give o	details: <u>N/A</u>		
		Have you ever been revoked?	n denied an individual	or position schedule	fidelity bond, or	r had a bond canceled or
		Yes No	X			
		If yes, give details: 1	N/A			
10.	or gover in the pa the licen number are reaso represen	nmental licensing ag st. For any non-insur sing authority or reg is your Social Securi onably identifiable as	ency or regulatory authorance regulatory issuer, ulatory body having jurty Number (SSN) or ensyour SSN, then write for example, "SSN", "I	ority or licensing autidentify and provide risdiction over the licenbeds your SSN or an SSN for that portion	hority that you puthe name, address ense (s) issued. If my sequence of monotonic of the profession	ities) issued by any public resently hold or have held and telephone number of your professional license pre than five numbers that nal license number that is digits)). Attach additional
	None					
Organi	zation/Issu	er of License:		Address:		
City: _		State/Prov	ince:	Country:	Posta	al Code:
Licenso	е Туре:	L	icense #:	Date Issue	ed (MM/YY):	
Date E	xpired (Mi	M/YY):	Reason for Tern	nination:		
Non-In	surance Re	egulatory Phone Nun	nber (if known):			

11.

the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that

Been refused an occupational, professional, or vocational license or permit by any regulatory authority, o any public administrative, or governmental licensing agency?
Yes No X
Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No X
Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No X
Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No X
Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No X
Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No X
Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No X
Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No X
Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No X
Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No X
If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
<u>N/A</u>

12.	term posse perso or no office holds	my entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of an, whether through the ownership of voting securities, by contract other than a commercial contract for goods n-management services, or otherwise, unless the power is the result of an official position with or corporate held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person.
	None	
	If any	of the stock is pledged or hypothecated in any way, give details. N/A
13.	or of regula direct	Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance atory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
	Yes	No X
		, please identify the company or companies in which the cumulative stock holdings represent 10% or more of atstanding voting securities.
	<u>N/A</u>	
	If any	of the shares of stock are pledged or hypothecated in any way, give details.
	<u>N/A</u>	
14.	Have	you ever been adjudged a bankrupt?
	Yes	No X
	If yes	, provide details: <u>N/A</u>
15.	comm	our knowledge has any company or entity for which you were an officer or director, trustee, investment attee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details on Question 15c.: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

NAIC No. 67644 FEIN: 23-0952300

# NAIC Biographical Affidavit #8 Supplemental Schedule

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: William Eugene Cook

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
2/08	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Trustee	Insurance	N/A
1998	Present	Teleflex	550 E. Swedesford Road, Suite 400 Wayne, PA 19087		Director	Medical Devices	N/A
2000	Present	Quaker Chemical Corporation	901 East Hector Street Conshohocken, PA 19428		Director	Chemical	N/A
66/8	70/9	Severn Trent Services	Willow Grove, PA		President & CEO	Water Treatment	N/A
86/9	03/99	Hercules Chemical Co.	1313 North Market Street, Wilmington, DE, 19894		Co-CEO-Vice Chairman	Chemical manufacturer	N/A
3/72	86/90	Betz Dearborn	4636 Somerton Road, Trevose, PA 19053		Chairman, President, CEO	Water Treatment	N/A
THE WIND THE	* USA	* USA unless otherwise noted					

# **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

	address and teleplo Not Use Group		resent or proposed	entity under which this	biographical statement is being
	- There are a creat		ın Mutual Life In	surance Company	
Philadelphia In connecti hereinafter	set forth. (Attach				oad
1. Af	fiant's Full Name	(Initials Not Accepta	ble): First: <u>James</u>	Middle: <u>Stephen</u> Last:	<u>Hunt</u>
2. a.	Are you a c	itizen of the United S	tates?		,
b.	Yes	itizen of any other co  No X  country? N/A	untry?		
3. Af	fiant's occupation	or profession: Truste	<u>ee</u>		
Bu	siness telephone:		oad, Horsham, PA		
	ucation and traini				
College/Un	iversity	City/Sta	<u>ite</u>	Dates Attended (MM/	YY) <u>Degree Obtained</u>
University of	of Central Florida	Orlando,	FL	09/75-08/77	BSBA Accountancy
<u>Graduate St</u>	udies <u>Co</u>	llege/University	City/State	Dates Attended (MM/	YY) Degree Obtained
	tive Program, Graduate School	of Management	Evanston, IL	08/91-08/91	N/A
Other Train	ing: Name	City/State	Dates Attended	(MM/YY)	Degree/Certification Obtained
None					
					per of the college/university. If in the Biographical Affidavit

Supplemental Information.

List of memberships in professional societies and associations:

6.

NAIC No. 67644 FEIN: 23-0952300

	Name of Society/Assoc		Contact Name		Address of Society/Association	Telephone Number of Society/Association
	Certified Pub Accountant, S Florida		State Board of Accountancy		W 76 <sup>th</sup> Drive Suite A ville, FL, 32607	, 850-487-1395
7.	Present or proj	posed positi	on with the Applican	t Company: <u>Tr</u>	ıstee	
8.	including pres officerships). l	ent jobs, po Please list tl	sitions, partnerships,	owner of an e	ntity, administrator, r	ensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only in (10) years.
	See attachmen	nt for compl	ete listing of position	s held		
9.	a. Have	you ever be	een in a position whic	th required a fid	lelity bond?	
	Yes [	X	No			
	If any	claims we	re made on the bond,	give details: N	<u>ONE</u>	
	b. Have revok	-	peen denied an indiv	idual or positio	on schedule fidelity t	oond, or had a bond canceled or
	Yes [		No X			
	If yes	, give detail	ls: <u>N/A</u>			
10.	or government in the past. For the licensing a number is your are reasonably represented by	tal licensing r any non-in uthority or r Social Sec r identifiable r your SSN	gagency or regulatory is assurance regulatory is regulatory body having urity Number (SSN) as your SSN, then	y authority or li suer, identify a ng jurisdiction or embeds you write SSN for	censing authority that and provide the name, over the license (s) is a r SSN or any sequence that portion of the present that present the present that the present the pres	Il securities) issued by any public t you presently hold or have held address and telephone number of sued. If your professional license se of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
	None					
Organiz	zation/Issuer of l	License: <u>Sta</u>	te Board of Accounta	ancy Address	s: 240 NW 76 <sup>th</sup> Drive	Suite A
City: <u>G</u>	ainesville State	/Province: <u>I</u>	FL Country: <u>USA</u> Pos	stal Code: <u>3260</u>	<u>7</u>	
License	Type: CPA		License #: ACC	0008035	Date Issued (MM/Y	YY): <u>09/79</u>
Date Ex	xpired (MM/YY	): <u>NA</u>	Reason for	Termination:		
Non-Ins	surance Regulate	ory Phone N	Number (if known): _			
11.	In responding	to the follow	wing, if the record ha	s been sealed o	r expunged, and the a	ffiant has personally verified that

the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
	Yes No X
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	N/A

12.	term " posses person or non office holds	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a whether through the ownership of voting securities, by contract other than a commercial contract for goods in-management services, or otherwise, unless the power is the result of an official position with or corporate held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person.
	None	
	If any	of the stock is pledged or hypothecated in any way, give details. <u>N/A</u>
13.	or of a regular directl	fill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance tory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that y, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control he person specified.
	Yes [	No X
		please identify the company or companies in which the cumulative stock holdings represent 10% or more of standing voting securities.
	<u>N/A</u>	
	If any	of the shares of stock are pledged or hypothecated in any way, give details.
	<u>N/A</u>	
14.	Have y	you ever been adjudged a bankrupt?
	Yes [	No X
	If yes,	provide details: N/A
15.	comm	ur knowledge has any company or entity for which you were an officer or director, trustee, investment ittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

# <u>Details on Question 15c.</u>: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

under penalty of perjury that I am acting on my own behalf and that the forego	Neighbur . I hereby certify oing statements are true and correct to the best
of my knowledge and belief.  (Signature of Affiant)	
State of:  County of:  County of:  The foregoing instrument was acknowledged before methis  and:  Who is personally known to me, or	The 20 16 by Janes Hust
who produced the following identification:	· .
[SEAL]  COMMONWEALTH OF PENNSYLVANIA  Notarial Seal  Marianne C. Bechtel, Notary Public Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	MARIANNE C. BECHTE Printed Notary Name Printed Notary Name My Commission Expires

# NAIC Biographical Affidavit #8 Supplemental Schedule

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: James Hunt

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956- 7500	Trustee	Insurance Company	N/A
	Present	Brown & Brown Inc.	220 S Ridgewood Avenue, Daytona Beach, FL, 32114	386-239- 5784	Director	Insurance Brokers, Agents	J. Hyatt, Brown Chairman
	1/15	JobSync	1351 Third Street, Santa Monica, CA 90401	617-548- 8306	Director	Software Technology	Danny Simon
	Present	Children's Hospital of Los Angeles	4650 Sunset Blvd., Los Angeles, CA, 90027	323-361- 4590	Trustee	Hospital	Seigel Weiss
	7/12	Walt Disney Parks and Resorts Worldwide	500 South Buena Vista Street, Burbank, CA, 91521		Executive Vice President and CFO	Media, Hospitality, Entertainment	Thomas Staggs
12/97	3/03	Walt Disney World Resort	1375 Buena Vista Drive, Lake Buena Vista, FL, 32830		Executive Vice President and CFO	Media, Hospitality, Entertainment	N/A
12/92	12/97	Walt Disney World Resort	1375 Buena Vista Drive, Lake Buena Vista, FL, 32830		Senior Vice President of Operations Finance	Media, Hospitality, Entertainment	N/A
	'SO *	* USA unless otherwise noted					

# BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address a required (Do Not Us		ne present or propose	-	is biographical statement is being
The Penn Mutual Lif	e Insurance Company			·
600 Dresher Road, H	orsham, PA 19044			
<u>215-956-8000</u>				
hereinafter set forth.				ly information about myself as answer any question fully.) IF
1. Affiant's Fu	ll Name (Initials Not Acce	ptable): First: <u>Charis</u>	se Middle: <u>Ranielle</u> L	ast: <u>Lillie</u>
2. a. Are	you a citizen of the United	d States?		
Yes	X No			
b. Are	you a citizen of any other	country?		
Yes	No X			
If v	es, what country? N/A			
President, Comcast 1		9, 2016, title will	be Fellow and Executi	estment, Comcast Corporation; ve Vice President, Community
4. Affiant's bus	iness address: Comcast Co	orporation, One Com	cast Center, Philadelphia	PA 19103
Business tele	phone: <u>215-286-7370</u>	Business Er	nail: charisse_lillie@con	ncast.com
5. Education an	d training:			
College/University	City/Sta	<u>te</u>	Dates Attended (MM/	YY) <u>Degree Obtained</u>
Wesleyan University	Middleto	own, CT	09/70 - 06/73	B.A. Cum Laude
Graduate Studies	College/University	City/State	Dates Attended (MM/	YY) Degree Obtained
	Temple University	Philadelphia, P.	A 09/73 – 06/76	J.D.
	Yale University	New Haven, C	09/81 – 06/82	<u>L.L.M</u>
Other Training: Name	City/State	Dates Attended	(MM/YY)	Degree/Certification Obtained
Harvard University	Cambridge, MA	07/90 - 08/90		Certificate, Program for Senior
Executives Kennedy School of Go	wernment		į	n State and Local Government

NAIC No. 67644

FEIN:

23-0952300

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
The College of Labor and Employment	Susan Wan, Executive	1050 Connecticut Ave., NW Suite 300, Washington,	•
Lawyers	Director	D.C.	202-955-8225
American Bar	Robert Stein, Executive	321 North Clark Street,	
Association	Director	Chicago IL 69610	312-988-5000
		1101 Market Street, 11 <sup>th</sup>	
Philadelphia Bar		Floor, Philadelphia PA	
Association	Kenneth Shear	19107	215-238-6300

- 7. Present or proposed position with the Applicant Company: Member, Board of Trustees
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 05/16 – present Employer's Name: Comcast Corporation Address: One Comcast Center City: Philadelphia State/Province: Pennsylvania Postal Code: 19103 Phone: 215-286-7585 Offices/Positions Held: Fellow and Vice Country: USA President, Community Investment, Comcast Corporation; Executive Vice President, Comcast Foundation Type of Business: Communications Company Supervisor/Contact: David L. Cohen, 215-286-7585 Beginning/Ending Dates (MM/YY): 06/11 - 5/16Employer's Name: Comcast Corporation State/Province: Pennsylvania Address: One Comcast Center City: Philadelphia Postal Code: 19103 Phone: 215-286-7585 Offices/Positions Held: Vice President, Country: USA Community Investment, Comcast Corporation; President, Comcast Foundation Type of Business: Communications Company Supervisor/Contact: David L. Cohen, 215-286-7585 Beginning/Ending Dates (MM/YY): 07/08 - 06/11 Employer's Name: Comcast Corporation State/Province: Pennsylvania Address: One Comcast Center City: Philadelphia Postal Code: 19103 Phone: 215-286-7585 Offices/Positions Held: Vice President, Country: USA Community Investment, Comcast Corporation; Executive Vice President, Comcast Foundation Type of Business: Communications Company Supervisor/Contact: David L. Cohen, 215-286-7585 Beginning/Ending

NAIC No. 67644

FEIN: 23-0952300 Dates (MM/YY): 02/05 – 07/08 Employer's Name: Comcast Corporation Address: One Comcast Center City: Philadelphia State/Province: Pennsylvania Country: <u>USA</u> Postal Code: <u>19103</u> Phone: <u>215-286-7585</u> Offices/Positions Held: Vice President, Human Resources, Comcast Corporation; Senior Vice President, Human Resources, Comcast Cable Type of Business: Communications Company Supervisor/Contact: David L. Cohen, 215-286-7585 Beginning/Ending Dates (MM/YY): 01-92 – 02/05 Employer's Name: Ballard Spahr Andrews & Ingersoll, LLP Address: 1735 Market Street, 51<sup>st</sup> Floor City: Philadelphia State/Province: Pennsylvania Postal Code: 19103-7599 Phone: 215-864-8300 Offices/Positions Held: Partner; Chair of Country: USA Litigation Department (07/02 – 02/05); Board Member, 09/94 – 09/00 and 09/01 – 02/05) Type of Business: <u>Law firm</u> Supervisor/Contact: <u>Arthur Makadon, Chairman, 215-864-8200</u> Beginning/Ending Dates (MM/YY): 01-90 - 01/92 Employer's Name: City of Philadelphia, Law Department Address: One Parkway Building, 17<sup>th</sup> Floor, 1515 Arch Street City: Philadelphia State/Province: Pennsylvania Country: USA Postal Code: 19102 Phone: 215-864-8300 Offices/Positions Held: City Solicitor Type of Business: City Government Supervisor/Contact: Honorable W. Wilson Goode and President of City Council John Street Beginning/Ending Dates (MM/YY): 06/06 – present Employer's Name: The Penn Mutual Life Insurance Company Address: 600 Dresher Road City: Horsham State/Province: PA Country: USA Postal Code: 19044 Phone: 215-956-8000 Offices/Positions Held: Member, Board of Trustees Type of Business: Life Insurance Company Supervisor/Contact: Eileen McDonnell 215-956-8365 Beginning/Ending Dates (MM/YY): 2012 - present Employer's Name: NBC Universal Foundation Address: 30 Rockefeller Center City: New York State/Province: New York Country: USA Postal Code: 10112-0002 Phone: N/A Offices/Positions Held: Member, Board of Directors Type of Business: Charitable Foundation Supervisor/Contact: Adam Miller

NAIC No. 67644

FEIN: 23-0952300

Dates (MM/YY): 2010 - present Employer's Name: Philadelphia Electric Company (PECO), an Exelon Company

Address: 2301 Market Street City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19101</u> Phone: <u>N/A</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Energy Company Supervisor/Contact: Craig Adams

Beginning/Ending

Dates (MM/YY): 2003 - present Employer's Name: The PNC Financial Services Group, Inc.

Address: 1700 Market Street City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19103</u> Phone: <u>N/A</u> Offices/Positions Held: <u>Member of Advisory Board</u>,

Philadelphia/Southern New Jersey

Type of Business: Financial services company Supervisor/Contact: Paula Fryland 215-585-5343

Beginning/Ending

Dates (MM/YY): 1996 - 2002 Employer's Name: Federal Reserve Bank of Philadelphia

Address: Ten Independence Mall City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19106</u> Phone: <u>215-574-6000</u> Offices/Positions Held: <u>Chairman, Board of Directors</u> (01/01 – 12/02); Deputy Chairman of Board of Directors (01/98 – 12/00), Director, Class C (01/96 – 12/02); Vice-Chairman

of the Executive Committee of the Conference of Chairmen of the Federal Reserve System (01/01 – 12/02)

Type of Business: Federal Reserve bank Supervisor/Contact: Ed Boehne

Beginning/Ending

Dates (MM/YY): 2013 – 2015 Employer's Name: American Arbitration Association

Address: 120 Broadway, 21st Floor City: New York State/Province: New York

Country: <u>USA</u> Postal Code: <u>10271</u> Phone: <u>800-778-7879</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Not-for-profit dispute resolution association Supervisor/Contact: Michael Clark 212-716-3978

Beginning/Ending

Dates (MM/YY): 2009 - present Employer's Name: United Way of Greater Philadelphia and Southern New Jersey

Address: 1709 Benjamin Franklin Parkway City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19103</u> Phone: <u>215-665-2500</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: <u>Charitable organization</u> Supervisor/Contact: <u>Jim Cawley</u>

NAIC No. 67644 FEIN: 23-0952300

Dates (MM/YY): 2007 – 2009 Employer's Name: Pennsylvania Chamber of Business and Industry

Address: 417 Walnut Street City: Harrisburg State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>17101</u> Phone: <u>800-225-7224</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Business association Supervisor/Contact: Tricia Harris, 717-720-5447

Beginning/Ending

Dates (MM/YY): 2004 – 2016 Employer's Name: Howard University

Address: 2400 Sixth Street, NW City: Washington State/Province: D.C

Country: <u>USA</u> Postal Code: 20059 Phone: 202-806-6100 Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: <u>University</u> Supervisor/Contact: <u>Dr. Wayne Frederick</u>

Beginning/Ending

Dates (MM/YY): 2002 – present Employer's Name: Pyramid Club, Philadelphia

Address: 1735 Market Street City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19103</u> Phone: <u>215-567-6510</u> Offices/Positions Held: <u>Member, Board of Governors</u>

Type of Business: Social club Supervisor/Contact: Rick Winland

Beginning/Ending

Dates (MM/YY): 2002 - 2005 Employer's Name: American Bar Association

Address: 1050 Connecticut Avenue N.W. Suite 400 City: Washington State/Province: D.C.

Country: <u>USA</u> Postal Code: <u>20036</u> Phone: <u>202-662-1000</u> Offices/Positions Held: <u>Committee Member, Standing</u>

Committee on Federal Judiciary

Type of Business: <u>Legal professional organization</u> Supervisor/Contact: <u>Paulette Brown, Esquire</u>

Beginning/Ending

Dates (MM/YY): 2002-2005 Employer's Name: Charity All-Stars, Inc.

Address: <u>720 Great Springs Road</u> City: <u>Brwn Mawr State/Province</u>: <u>Pennsylvania</u>

Country: <u>USA</u> Postal Code: 19010 Phone: <u>N/A</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Charitable organization Supervisor/Contact: Phyliss Kaufman Sager 610-526-9301

NAIC No. 67644 FEIN: 23-0952300

Dates (MM/YY): 2000-2004 Employer's Name: Please Touch Museum

Address: Memorial Hall, 4321 Avenue of the Republic City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19131</u> Phone: <u>215-581-3181</u> Offices/Positions Held: <u>Selection Committee Member, Great</u>

Friends to Kids Award

Type of Business: Children's Museum Supervisor/Contact: Nancy Kolb

Beginning/Ending

Dates (MM/YY): 1999-2006 Employer's Name: The Philadelphia Award

Address: N/A City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>N/A</u> Phone: <u>N/A</u> Offices/Positions Held: <u>Member, Board of Trustees (1994 – 2004); Chair,</u>

Board of Trustees (2004-2006)

Type of Business: Community award Supervisor/Contact: <a href="mailto:thephiladelphiaaward@gmail.com">thephiladelphiaaward@gmail.com</a>

Beginning/Ending

Dates (MM/YY): 1999-2004 Employer's Name: Supreme Court of Pennsylvania

Address: Pennsylvania Judicial Center, 601 Commonwealth Ave., Suite 1500 City: Harrisburg State/Province: Pennsylvania

Country: USA Postal Code: 17106 Phone: 717-231-3309 Offices/Positions Held: Committee Member, Committee no

Racial and Gender Bias in the Justice System

Type of Business: State Supreme Court Supervisor/Contact: 717-231-3309

Beginning/Ending

Dates (MM/YY): 1997 - 2016 Employer's Name: The Franklin Institute

Address: 220 North 20<sup>th</sup> Street City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19103 Phone: 215-448-1200 Offices/Positions Held: Member, Board of Trustees (1997 –

2007 and 2008-2016)

Type of Business: Science education and development institute Supervisor/Contact: Stefanie Santo 215-448-1152

Beginning/Ending

Dates (MM/YY): 1997-2004 Employer's Name: Philadelphia Bar Association

Address: 1101 Market Street, 11th Floor City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19107 Phone: 215-238-6300 Offices/Positions Held: Racial Bias in the Justice System

Committee, Committee Member and Former Chair

Type of Business: Lawyer association Supervisor/Contact: 215-238-6300

NAIC No. 67644 FEIN: 23-0952300

Dates (MM/YY): 1996 - 2002 Employer's Name: American Bar Association

Address: 1050 Connecticut Avenue N.W. Suite 400 City: Washington State/Province: D.C.

Country: <u>USA</u> Postal Code: <u>20036</u> Phone: <u>202-662-1000</u> Offices/Positions Held: <u>Commission on Racial and Ethnic Diversity in the Profession (formerly the Commission on Minorities): Chair (1999-2002); Vice-Chair (1997-1999); Commissioner (1996-2002)</u>

Type of Business: <u>Legal professional organization</u> Supervisor/Contact: <u>Paulette Brown, Esquire</u>

Beginning/Ending

Dates (MM/YY): 1996-1997 Employer's Name: American Bar Association

Address: 1050 Connecticut Avenue N.W. Suite 400 City: Washington State/Province: D.C.

Country: <u>USA</u> Postal Code: <u>20036</u> Phone: <u>202-662-1000</u> Offices/Positions Held: <u>Chair, Committee on Business and Corporate Litigation, Employment Litigation Subcommittee</u>

Type of Business: Legal professional organization Supervisor/Contact: Paulette Brown, Esquire

Beginning/Ending

Dates (MM/YY): 1995-2007 Employer's Name: Juvenile Law Center

Address: The Philadelphia Building, 1315 Walnut Street, 4th Floor City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19107</u> Phone: <u>215-625-0551</u> Offices/Positions Held: <u>Member, Board of Directors (Chair</u> 1997 – 1999)

Type of Business: <u>Juvenile advocacy organization</u> Supervisor/Contact: <u>Robert Schwartz</u>

Beginning/Ending

Dates (MM/YY): 1995 - 1997 Employer's Name: Philadelphia Bar Association

Address: 1101 Market Street, 11th Floor City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19107 Phone: 215-238-6300 Offices/Positions Held: Member, Board of Governors (1995-

1997); Chair, Board of Governors (1995-1996)

Type of Business: Lawyer association Supervisor/Contact: 215-238-6300

Beginning/Ending

Dates (MM/YY): 1994-2005 Employer's Name: Friends Select School

Address: 17th and Benjamin Franklin Parkway City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19103 Phone: 215-561-5900 Offices/Positions Held: Member, Board of Directors (1994-

2002); Chair Board of Directors (2003-2005)

Type of Business: Educational Institution Supervisor/Contact: Rose Hagan

NAIC No. 67644 FEIN: 23-0952300

Dates (MM/YY): 1994-2000 Employer's Name: University of Pennsylvania

Address: University of Pennsylvania City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19104</u> Phone: <u>215-898-5000</u> Offices/Positions Held: <u>Committee Member, Public Service</u>

Advisory Committee

Type of Business: <u>University</u> Supervisor/Contact: <u>215-898-5000</u>

Beginning/Ending

Dates (MM/YY): 1997-2004 Employer's Name: Leadership, Inc.

Address: 123 South Broad Street, Suite 2044 City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19109</u> Phone: <u>215-893-9999</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Community non-profit organization Supervisor/Contact: Elizabeth Dow

Beginning/Ending

Dates (MM/YY): 1994-2004 Employer's Name: NAACP Legal Defense and Educational Fund, Inc.

Address: 40 Rector Street, 5th Floor City: New York State/Province: New York

Country: USA Postal Code: 10006 Phone: 212-965-2200 Offices/Positions Held: Philadelphia Committee, Co-Chair

Type of Business: <u>Legal organization</u> Supervisor/Contact: <u>212-965-2200</u>

Beginning/Ending

Dates (MM/YY): 1994-2000 Employer's Name: Philadelphia Bar Association Bar Foundation

Address: 1101 Market Street, 11th Floor City: Philadelphia State/Province: Pennsylvania

Country: <u>USA</u> Postal Code: <u>19107</u> Phone: <u>215-238-6347</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: <u>Lawyer association</u> Supervisor/Contact: <u>215-238-6347</u>

Beginning/Ending

Dates (MM/YY): 1994-1997 Employer's Name: The Legal Intelligencer

Address: 1617 JFK Blvd, #1750 City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19103 Phone: 215-557-2300 Offices/Positions Held: Member, Editorial Board

Type of Business: <u>Law publication</u> Supervisor/Contact: <u>877-256--2472</u>

Applies	ant Comp	pany Name: The Penn Mutual Life Insurance Company	NAIC No FEIN:	. 67644 23-0952300	
9.	a.	Have you ever been in a position which required a fidelity bor	nd?		
		Yes No X			
		If any claims were made on the bond, give details: N/A			
	b.	Have you ever been denied an individual or position schedurevoked?	ule fidelity	bond, or had a bond canceled or	
		Yes No X			
		If yes, give details: <u>N/A</u>			
10.	or gover in the pa the licer number are reas represer	professional, occupational and vocational licenses (including lightermental licensing agency or regulatory authority or licensing a ast. For any non-insurance regulatory issuer, identify and providesing authority or regulatory body having jurisdiction over the list your Social Security Number (SSN) or embeds your SSN or onably identifiable as your SSN, then write SSN for that portionated by your SSN. (For example, "SSN", "12-SSN-345" or "15 the space provided is insufficient.	authority the the name icense (s) in any sequer on of the p	at you presently hold or have held , address and telephone number of ssued. If your professional license ace of more than five numbers that rofessional license number that is	
Organization/Issuer of License: <u>Supreme Court of PA Court Administrator</u> Address: <u>PO Box 46</u>					
		State/Province: <u>Pennsylvania</u> Country: <u>USA</u> Postal Co A <u>Attorney's License</u> License #: <u>24795</u> Date Issued (MM/Y	ode: <u>17001-</u> YY): <u>12/76</u>	0046	
		M/YY): Current license will expire 07/17. There is annual renewal education courses	wal based o	on good standing and attendance	
Reason f	for Termi	ination: <u>N/A</u>			
Non-Inst	arance Re	egulatory Phone Number (if known): 717-731-7073			
		to the following, if the record has been sealed or expunged, an as sealed or expunged, an affiant may respond "no" to the quest			
		Been refused an occupational, professional, or vocational licenary public administrative, or governmental licensing agency?	ise or perm	it by any regulatory authority, or	
	,	Yes No X			
		Had any occupational, professional, or vocational license or pe any judicial, administrative, regulatory, or disciplinary action?	ermit you h	old or have held, been subject to	
	•	Yes No X			
!		Been placed on probation or had a fine levied against you or you license or permit in any judicial, administrative, regulatory, or d			
	3	Yes No X			

No

Yes

d.

Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Арр	licant Company Name: The Penn Mutual Life Insurance Company  NAIC No. 67644 FEIN: 23-0952300
	e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
	f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
	g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? Yes NoX
	h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
	i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
	j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	<u>N/A</u>
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
	None
	If any of the stock is pledged or hypothecated in any way, give details. N/A
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control

Yes No X

with, the person specified.

		s, please identify the company or companies in which the cumulative stock holdings represent 10% or more of utstanding voting securities.
	<u>N/A</u>	
	If an	y of the shares of stock are pledged or hypothecated in any way, give details.
	<u>N/A</u>	
14.	Have	you ever been adjudged a bankrupt?
	Yes	No X
	If yes	s, provide details: <u>N/A</u>
15.	comn	our knowledge has any company or entity for which you were an officer or director, trustee, investment nittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	Ъ.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes X No
		answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), should also include any events within twelve (12) months after his or her departure from the entity.
	Detail	s for Question 15c.:

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: The Penn Mutual Life Insurance Company	NAIC No. 67644 FEIN: 23-0952300
Dated and signed this 20 day of 00 20 at hunder penalty of perjury that I am acting on my own behalf and that the foregof my knowledge and belief  (Signature of Affiant)	ing statements are true and correct to the best
State of: <u>Harady Vanda</u> County of: <u>Andadelphia</u> The foregoing instrument was acknowledged before me this <u>Ith</u> day of <u>The</u> and:	ng , 20/6 by Charissa Ranielle Lill
who is personally known to me, or	
who produced the following identification:	• , , , , , , , , , , , , , , , , , , ,
[SEAL]  COMMONWEALTH OF PENNSYLVANIA  NOTARIAL SEAL  LORI A. KLUMPP, Notary Public  City of Philadelphia, Phila. County  My Commission Expires December 31, 2019	Notary Public  Notary Public  V(K)  Printed Notary Name  12 31 2019  My Commission Expires

#### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being

require	d (Do Not Use	Group Names)		· · · · · · · · · · · · · · · · · · ·	
The Pe	nn Mutual Life	Insurance Company	-		
600 Dr	esher Road, Ho	rsham, PA 19044			
215-95	6-8000				
hereina	fter set forth. (				y information about myself as answer any question fully.) IF
1.	Affiant's Full	Name (Initials Not Acceptab	ole): First: <u>Edmon</u> o	l Middle: <u>Felix</u> Last: l	<u>Notebaert</u>
2.	a. Are	you a citizen of the United St	ates?		
	Yes	X No			
	b. Are	you a citizen of any other cou	intry?		
	Yes	No X			
	If ye	s, what country? N/A			
3.	Affiant's occu	pation or profession: Retired	Healthcare Execu	<u>ative</u>	
4.	Affiant's busi	ness address: <u>N/A</u>			
	Business telep	hone: <u>N/A</u> Busi	ness Email: N/A		4
5.	Education and	training:			
College	/University	<u>City/State</u>		Dates Attended (MM/	YY) Degree Obtained
Ohio St	ate University	Columbus (	OH	09/62 – 06/66	B.A.
Graduat	e Studies	College/University	City/State	Dates Attended (MM/	YY) Degree Obtained
		University of Pittsburgh	Pittsburgh, PA	09/68 - 06/70	MPH
Other T	raining: Name	City/State	Dates Attended	(MM/YY)	Degree/Certification Obtained
Marshal	l College of La	w Cleveland, OH	09/71 - 06/74		JD
Note:	If affiant atter	ided a foreign school, please	provide full addı	ress and telephone numb	per of the college/university. If

Supplemental Information.

applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit

NAIC No. 67644 FEIN: 23-0952300

6. List of memberships in professional societies and associations: Name of Address of Telephone Number Society/Association Contact Name Society/Association of Society/Association N/A 7. Present or proposed position with the Applicant Company: Member, Board of Trustees 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Beginning/Ending Dates (MM/YY): 1997 – present Employer's Name: The Penn Mutual Life Insurance Company Address: 600 Dresher Road City: Horsham State/Province: Pennsylvania Country: <u>USA</u> Postal Code: 19044 Phone: 215-956-8000 Offices/Positions Held: Member, Board of Trustees Type of Business: Life Insurance Company Supervisor/Contact: Eileen McDonnell 215-956-8365 Beginning/Ending Dates (MM/YY): 11/08 – 02/10 Employer's Name: Temple University Address: 1330 Berks Street City: Philadelphia State/Province: Pennsylvania Postal Code: 19122 Phone: 215-204-7405 Offices/Positions Held: President and CEO, Country: USA Temple University Health System and Senior Executive Vice President of Health Services, Temple University Type of Business: <u>Health System</u> Supervisor/Contact: <u>N/A</u> Beginning/Ending Dates (MM/YY): 09/03 – 07/08 Employer's Name: University of Maryland Medical System Address: 250 W. Pratt Street. 24<sup>th</sup> Floor City: Baltimore State/Province: Maryland Country: USA Postal Code: 21201 Phone: 410-328-7555 Offices/Positions Held: President and CEO Type of Business: Health System Supervisor/Contact: N/A Beginning/Ending Dates (MM/YY): 1987 – 2000 Employer's Name: Children's Hospital of Philadelphia Address: 34th Street and Civic Center Blvd. City: Philadelphia State/Province: Pennsylvania Country: USA Postal Code: 19104 Phone: Offices/Positions Held: President and CEO

Type of Business: Health System Supervisor/Contact: N/A

Appl	icant Con	npany Name: The Penn Mutual Life Insurance Company	NAIC No. 67644 FEIN: 23-0952300
9.	a.	Have you ever been in a position which required a fidelity	bond?
		Yes No X	
		If any claims were made on the bond, give details: <u>N/A</u>	
	b.	Have you ever been denied an individual or position scl revoked?	hedule fidelity bond, or had a bond canceled o
		Yes No X	
		If yes, give details: <u>N/A</u>	
10.	or gov in the the lic number are re- repres	ny professional, occupational and vocational licenses (includity vernmental licensing agency or regulatory authority or licensing past. For any non-insurance regulatory issuer, identify and provensing authority or regulatory body having jurisdiction over the risyour Social Security Number (SSN) or embeds your SSN asonably identifiable as your SSN, then write SSN for that prented by your SSN. (For example, "SSN", "12-SSN-345" or if the space provided is insufficient.	ng authority that you presently hold or have held ovide the name, address and telephone number of the license (s) issued. If your professional license to rany sequence of more than five numbers that ortion of the professional license number that is
Organ	nization/Is	ssuer of License: Supreme Court of Ohio Address: 65 Front	Street
City:	Columbus	State/Province: Ohio Country: USA Pos	stal Code: <u>43215</u>
Licen	se Type: <u>l</u>	Member Bar License #: <u>Inactive Status</u> Date Issued (MM	/YY): <u>1975</u>
Date I	Expired (N	MM/YY): N/A Reason for Termination: N/	<u>'A</u>
Non-I	nsurance	Regulatory Phone Number (if known): N/A	
11.		conding to the following, if the record has been sealed or expu- cord was sealed or expunged, an affiant may respond "no" to the	The state of the s
	a.	Been refused an occupational, professional, or vocational lany public administrative, or governmental licensing agency	
		Yes No X	
	b.	Had any occupational, professional, or vocational license of any judicial, administrative, regulatory, or disciplinary action	
		Yes No X	
	c.	Been placed on probation or had a fine levied against you or license or permit in any judicial, administrative, regulatory,	

offenses?

d.

e.

No X

No X

Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic

Appl	licant Company Name: The Penn Mutual Life Insurance Company	NAIC No. 67644 FEIN: 23-0952300
	Yes No X	
	f. Had adjudication of guilt withheld, had a sentence imp suspended, or been pardoned, fined, or placed on pretraffic offenses?	
	Yes No X	
	g. Been subject to a cease and desist letter or order, or enjoine administrative, regulatory, or disciplinary action, from viola regulating the business of insurance, securities or banking practices in the course of the business of insurance, securities	ating any federal, state law or law of another country ag, or from carrying out any particular practice or
	Yes No X	
	h. Been, within the last ten (10) years, a party to any civil financial dispute?	action involving dishonesty, breach of trust, or a
	Yes No X	
	<ol> <li>Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company la any rule or regulation lawfully made by the Comptroller of a</li> </ol>	aws, or credit union laws, or that you have violated
	Yes No X	
	j. Had a lien or foreclosure action filed against you or any enti	ty while you were associated with that entity?
	Yes No X	
	If the response to any question above is yes, please provid Attach a copy of the complaint and filed adjudication or sett	
	<u>N/A</u>	
12.	List any entity subject to regulation by an insurance regulatory at term "control" (including the terms "controlling," "controlled possession, direct or indirect, of the power to direct or cause person, whether through the ownership of voting securities, by or non-management services, or otherwise, unless the power is office held by the person. Control shall be presumed to exist it holds with the power to vote, or holds proxies representing, ten p other person.	by" and "under common control with") means the the direction of the management and policies of a contract other than a commercial contract for goods the result of an official position with or corporate f any person, directly or indirectly, owns, controls,
	None	
	If any of the stock is pledged or hypothecated in any way, give de	etails. <u>N/A</u>
13.	Do [Will] you or members of your immediate family individual	y or cumulatively subscribe to or own, beneficially

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes	No	X

the outstanding voting securities. N/A If any of the shares of stock are pledged or hypothecated in any way, give details. N/A 14. Have you ever been adjudged a bankrupt? No If yes, provide details: N/A 15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or governmentala. licensing agency? Yes No b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes X No

No

X

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

#### Details on Q15c:

Yes

Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which Penn Mutual agreed to pay a fine of \$15,000 following a Market Conduct Examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

FORM 11

Applicant Company Name: The Penn Mutual Life Insurance Company	NAIC No. 67644
	FEIN: 23-0952300
Dated and signed this 32 day of Aur. 20 16 a	201 / lat. A
Dated and signed this day of forc, 20 10 8	at Thiradelphia It. I hereby certify
under penalty of perjury that I am acting on my own behalf and that the	foregoing statements are true and correct to the best
of my knowledge and belief.	
Y THA	
6.4 College	
(Signature of Affiant)	
(Signature of Annant)	
State of: Qa County of: Thula	
The foregoing instrument was acknowledged before me this 23 day of	And 1011. 51 15 16 16
The foregoing instrument was acknowledged before me this day of _	by Edmond P. Notella
and:	O .
und.	
who is personally known to me, or	
who produced the following identification: PA license #	The settle of
who produced the following identification: The license #	22590162.
	and Oct Ad
	thousand moth force
[CEAT]	Notory Public 4
[SEAL]	Marianne McGovern
	Did IN A DO VETTI
	Printed Notary Name
	5-13-11

NOTARIAL SEAL

NOTARIAL SEAL

MARIANNE McGOVERN, Notary Public

City of Philadelphia, Phila. County

My Commission Expires May 13, 2017

My Commission Expires

#### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

			NT \		posed entity under whi	ch this biograph	ical statement is being
The Pe	nn Mutua	al Life Ins	urance Company				
600 Dr	esher Ro	ad, Horsh	am, PA 19044				
215-95	6-8000						
hereina	fter set f	orth. (Att			e representations and pace hereon is insuffic		
1.	Affiant	's Full Na	me (Initials Not Accep	otable): First: <u>He</u>	elen Middle: <u>Pomeran</u>	tz Last: <u>Pudlin</u>	Į.
2.	a.	Are you	a citizen of the United	1 States?			
		Yes	X No				
	b.	Are you	a citizen of any other	country?			
		Yes	No X				
		If yes, w	hat country? <u>N/A</u>				
3. Service:			ion or profession: Rently serve as an arbitr		Vice President and C	General Counse	I, The PNC Financial
4.	Affiant'	s business	address: 318 Millban	k Road, Bryn M	awr, PA 19010		
	Busines	s telephor	ne: <u>610-527-5246</u>	Busines	ss Email: <u>Helen.pudlin(</u>	@gmail.com	
5.	Education	on and tra	ining:				
College	/Universi	<u>ty</u>	City/Stat	<u>te</u>	Dates Attended	(MM/YY)	Degree Obtained
Univers	ity of Per	nsylvania	Philadel	ohia, PA	09/67 - 05/70		B.A.
Graduat	e Studies		College/University	City/State	Dates Attended	(MM/YY)	Degree Obtained
			University of Pennsylv	vania Philadelpl	nia, PA 09/70 – 05/71	M.S. Graduat	e School of Education
Other T	raining: N	<u>lame</u>	City/State	Dates Atter	nded (MM/YY)	Degree/C	Certification Obtained
Univers Law Scl		ınsylvania	Philadelphia, PA	08/71 - 05/	74		J.D.

Supplemental Information.

Note:

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If

applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit

NAIC No. 67644 FEIN: 23-0952300

6. List of memberships in professional societies and associations:

Name of		Address of	Telephone Number
Society/Association	Contact Name	Society/Association	of Society/Association
American Bar		321 North Clark Street,	
Association	Lakeysha White	Chicago, IL 60659	312-988-5522
Fellow of the College			
of Physicians of		19 S. 22 <sup>nd</sup> Street,	
Philadelphia	Sankey Williams	Philadelphia, PA 19103	215-563-3737

- 7. Present or proposed position with the Applicant Company: Member, Board of Trustees
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See	A	tta	ch	m	en	t	1
-----	---	-----	----	---	----	---	---

Beginning/End Dates (MM/YY	<del></del>	s Name:		
Address:	City	<i>7</i> :	State/P	rovince:
Country:	Postal Code:	Phone:	Office	es/Positions Held:
Type of Busine	ess:	Supervisor	Contact:	
9. a.	Yes X No	in a position which re		ond?
b.	Have you ever been revoked?  Yes No If yes, give details: No	X	ıl or position sche	dule fidelity bond, or had a bond canceled or
or gov in the the lice number are rea represe	rernmental licensing age past. For any non-insura ensing authority or regular is your Social Security asonably identifiable as	ency or regulatory audinoce regulatory issued alatory body having juy Number (SSN) or eyour SSN, then written example, "SSN",	thority or licensing the dentify and prover the dentify and prover the dentify and power states the dentify and prover states the dentify and the dentify a	glicenses to sell securities) issued by any public glauthority that you presently hold or have held yide the name, address and telephone number of elicense (s) issued. If your professional license or any sequence of more than five numbers that rtion of the professional license number that is "1234-SSN" (last 6 digits)). Attach additional
License	to practice law		`	
Organization/Is	suer of License: <u>Discipl</u>	linary Board of the Su	preme Court of Po	ennsylvania Address: 601 Commonwealth Ave
City: <u>Harrisburg</u>	g State/Province: <u>I</u>	Pennsylvania	Country: <u>USA</u>	Postal Code: <u>17106</u>
				Revised 8/18/14

License Type: Attorney's License License #: 20447 Date Issued (MM/YY): 11/74 Date Expired (MM/YY): N/A Reason for Termination: N/A Non-Insurance Regulatory Phone Number (if known): 717-231-3380 11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever: Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or a. any public administrative, or governmental licensing agency? Yes b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? Yes Been placed on probation or had a fine levied against you or your occupational, professional, or vocational c. license or permit in any judicial, administrative, regulatory, or disciplinary action? No l Yes d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No X Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic e. offenses? Yes No f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? Yes No Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No Yes Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No Yes

	j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes X No
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	j. No lien or foreclosure action has ever been filed against me. With respect to entities with which I have been associated, see Attachment II.
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
	<u>None</u>
	If any of the stock is pledged or hypothecated in any way, give details. <u>N/A</u>
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
	Yes No X
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
	<u>N/A</u>
	If any of the shares of stock are pledged or hypothecated in any way, give details.
14.	N/A  Have you ever been adjudged a bankrupt?
111.	Yes No X
	If yes, provide details: N/A
	A yes, provide details. <u>-w</u>
15.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes X No

who is personally known to me, or

who produced the following identification: PA driver's license 420 623 869

[SEAL]

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

MARIANNE McGOVERN, Notary Public
City of Philadelphia, Phila. County
My Commission Expires May 13, 2017

My Commission Expires

NAIC No. 67644 FEIN: 23-0952300

#### Attachment I

#### 08/2014 - present - Self employed

I am currently self-employed as an arbitrator. I work out of my home: 318 Millbank Road, Bryn Mawr, PA 19010. USA.

Phone: 610-527-5246

03/2013 - present: The Penn Mutual Life Insurance Company

Address: 600 Dresher Road, Horsham, PA. USA. Phone: 215-956-8000

Contact: Eileen McDonnell, 215-956-8365

Position: Member of the Board of Trustees

Type of Business: Life insurance company

#### University of Pennsylvania

11/2009 - present: 1997 - 2003: University of Pennsylvania Law School

Address: 3501 Sansom Street, Philadelphia, PA 19104. USA. Phone: 215-898-7483

Contact: Theodore Ruger 215-573-6018; Wendell Pritchett 215-573-5086; Michael Fitts 504-865-5201

Position: Member of the Board of Overseers

Type of Business: Law School

# 04/2013 - present: University of Pennsylvania Institute for Law and Economics

Address: 3501 Sansom Street, Philadelphia, PA 19104. USA. Phone: 215-898-7719

Contact: Michael Wachter 215-898-7852

Position: Member of the Board of Advisors

Type of Business: Law School

# 09/2013 - 12/2013; 09/2014 - 12/2014: University of Pennsylvania Law School

I was appointed Lecturer in Law for the Fall 2013 and Fall 2014 semesters. I previously held this position for several semesters in the 1980's.

Address: 3501 Sansom Street, Philadelphia, PA 19104. USA. Phone: 215-898-7483

Contact: Wendell Pritchett (Fall 2014) 215-573-5086; Michael Fitts (Fall 2013) 504-865-5201

Position: Lecturer in Law

Type of Business: Law School

NAIC No. 67644 FEIN: 23-0952300

#### **KIPP**

12/2015 - present: KIPP Administrative Services Corporation

Address: 5900 Baltimore Avenue, Philadelphia, PA 19143. USA. Phone: 215-294-8596

Contact: Marc Mannella 215-294-8597

Position: Member of the Board of Trustees

Type of Business: A nonprofit corporation that provides management and administrative support to KIPP schools in the

Philadelphia area.

09/2015 - 12/2015: KIPP DuBois Charter School

Address: 5070 Parkside Avenue, Philadelphia, PA 19131. USA. Phone: 215-307-3465

Contact: Marc Mannella 215-294-8597

Position: Member of the Board of Trustees

Type of Business: Nonprofit charter school

06/2013 - 12/2015: KIPP Philadelphia Charter School

Address: 2909 N. Broad Street, Philadelphia, PA 19132. USA. Phone: 267-687-7283

Contact: Marc Mannella 215-294-8597

Position: Member of the Board of Trustees

Type of Business: Nonprofit charter school

06/2013 - 12/2015: KIPP West Philadelphia Preparatory Charter School

Address: 5900 Baltimore Avenue, Philadelphia, PA 19143. USA. Phone: 215-294-2973

Contact: Marc Mannella 215-294-8597

Position: Member of the Board of Trustees

Type of Business: Nonprofit charter school

NAIC No. 67644 FEIN: 23-0952300

03/2001 - present: The Wistar Institute

Address: 3601 Spruce Street, Philadelphia, PA 19104. USA. Phone: 215-898-3700 Contact: Dario Altieri, M.D. 215-495-6970; Russel Kaufman, M.D. 215-870-6566

Position: Member of the Board of Trustees; Chair of the Board since 03/2012

Type of Business: Nonprofit biomedical research institute

## 09/2008 - 02/2013: Pig Iron Theatre Company

Address: 1417 N. 2<sup>nd</sup> Street, Philadelphia, PA 19122. USA. Phone: 215-425-1100

Contact: Scott Reynolds 215-432-9234; Terry Guerin 610-580-7565

Position: Member of the Board of Trustees

Type of Business: Nonprofit theatre company

# 09/1989 - 05/2012: The PNC Financial Services Group, Inc., including certain subsidiaries or affiliates

Address: The Tower at PNC Plaza, 300 Fifth Avenue, Pittsburgh, PA 15222. USA. Phone: 412-762-2000

 $Supervisor/Contact: \ James\ Rohr\ (04/2008-05/2012;\ 412-762-2294);\ William\ Mutterperl\ (11/2002-04/2008;\ 212-288-1000);$ 

9347)

Position: Employee of The PNC Financial Services Group, Inc. ("PNC Financial") or a predecessor entity or directly or indirectly owned subsidiary of PNC Financial from September 1989 until I retired in May 2012, and I held the positions described below during the last 20 years:

#### The PNC Financial Services Group, Inc.:

Executive Vice President and General Counsel Senior Vice President and General Counsel

## PNC Bank, National Association:

Executive Vice President and General Counsel Senior Vice President and General Counsel

Type of Business: Financial services company

## 03/1998 - 01/2003: BlackRock, Inc., including certain subsidiaries or affiliates

In February 1995, PNC Financial completed the acquisition of a predecessor entity of BlackRock, Inc. ("BlackRock") and currently holds an equity investment in BlackRock. From March 1998 to January 2003, I served as one of PNC Financial's designees on the Board of Directors of BlackRock and certain subsidiaries or affiliated companies of BlackRock.

Address: 55 East 52<sup>nd</sup> Street, New York, NY 10055. USA. Phone: 212-810-5300

Position: Member of the Board of Directors

Type of Business: Investment management firm

NAIC No. 67644 FEIN: 23-0952300

1992-2000 (or 2001): The Board of Ethics of the City of Philadelphia

Address: One Parkway Building, 1515 Arch Street, 18th Floor, Philadelphia, PA 19102. USA. Phone: 215-686-9450

Position: Member of the Board of Ethics

Type of Business: Issued advisory opinions and guidance on ethics

01/1995 - 07/1998: The Philadelphia Facilities Management Corporation

Address: 800 W. Montgomery Avenue, Philadelphia, PA 19122. USA. Phone: 215-684-6630

Position: Member of the Board of Directors

Type of Business: A nonprofit corporation that operates and manages the Philadelphia Gas Works, a municipally owned gas

utility

06/1986 - 06/1992; 05/1992 - 06/1998: The Academy of Natural Sciences (now known as the Academy of Natural Sciences of Drexel University)

Address: 1900 Benjamin Franklin Pkway, Philadelphia, PA 19103. USA. Phone: 215-299-1013

Position: Member of the Board of Trustees

Type of Business: Nonprofit natural sciences institution

07/1993 - 06/1996: Lankenau Hospital

Address: 100 Lancaster Avenue, Wynnewood, PA 19096. USA. Phone: 484-476-2000

Position: Member of the Board of Trustees

Type of Business: Nonprofit hospital

In addition to the University of Pennsylvania advisory boards listed above, I also have served at various times in the last twenty years on several other advisory boards and on a Board Committee as a non-Board member, including the following:

09/2014 - present: NAXION

Address: 1835 Market Street, Philadelphia, PA 19103. USA. Phone: 215-496-6800

Contact: Susan McDonald 215-496-6850

Position: Member of the Advisory Board

Type of Business: Market research firm

NAIC No. 67644 FEIN: 23-0952300

07/2014 - present: The College of Physicians of Philadelphia

Address: 19 South 22<sup>nd</sup> Street, Philadelphia, PA 19103. USA. Phone: 215-563-3737

Contact: Sankey Williams, M.D. 610-547-7860

Position: Member of the Board Committee on Finance (I am not a Board member)

Type of Business: Professional medical organization

### 2010 - 03/2016: The Public Interest Law Center of Philadelphia

Address: 1709 Benjamin Franklin Parkway, 2<sup>nd</sup> Floor, Philadelphia, PA 19103. USA. Phone: 267-546-1302

Contact: Robert Fiebach 215-665-4166

Position: Member of the Advisory Board

Type of Business: Nonprofit public interest law firm

I may have served on one or more additional advisory boards during the last twenty years, but I do not currently have further information.

### Attachment II

I was an employee of The PNC Financial Services Group, Inc. ("PNC Financial") or a predecessor entity or directly or indirectly owned subsidiary of PNC Financial (collectively, "PNC") from September 1, 1989 until I retired on May 30, 2012. During my employment, I held various officer and key management positions with PNC. From March 1998 to January 2003, I also served as one of PNC Financial's designees on the Board of Directors of BlackRock, Inc. ("BlackRock"), a publicly traded company, as well as certain subsidiaries or affiliated companies of BlackRock. In February 1995, PNC Financial completed the acquisition of a predecessor entity of BlackRock and currently holds an equity investment in BlackRock.

PNC Financial is one of the largest diversified financial services companies in the United States, with businesses engaged in retail banking, corporate and institutional banking, asset management, and residential mortgage banking, providing many products and services nationally, as well as products and services in several primary geographic markets. PNC Financial also provides certain products and services internationally. At December 31, 2015, PNC Financial's consolidated total assets, total deposits, and total shareholders' equity were \$358.5 billion, \$249.0 billion and \$44.7 billion, respectively.

Since 1989, PNC Financial, or a subsidiary or affiliate of PNC Financial, including since February 1995, BlackRock and its subsidiaries and affiliates (collectively, "PNC Associated Entities"), has been subject to a large number of matters, including one or more of the types of matters described in Question 11(j) and Question 15 of the Biographical Affidavit ("Matters"). These Matters, to the extent that they occurred, arose from the business of PNC Associated Entities and, in some cases, from the business activities of entities acquired by PNC Associated Entities. Some of the Matters have been described in public disclosure documents filed by PNC Financial or BlackRock pursuant to the Securities Exchange Act of 1934, as amended, including, without limitation, Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, or Current Reports on Form 8-K.

Given my long tenure at PNC Financial, and the many subsidiaries or affiliates associated with PNC Financial, including BlackRock, I would be unable to list each Matter contemplated by Question 11(j) and Question 15 of the Biographical Affidavit. Moreover, I would not have personal knowledge of each Matter. In addition, the existence of certain Matters may constitute confidential supervisory regulatory information, subject to legal restrictions on disclosure. Finally, since my retirement in May 2012, I have limited ability to access the information and resources needed to produce a complete list of Matters.

Notwithstanding the above, during the time of my employment with PNC, none of the Matters affected the solvency of PNC Financial, or to my knowledge, the continued ability of PNC Financial to perform its business activities in any material respect. Similarly, while I served on the Board of Directors of BlackRock, none of the Matters relating to BlackRock affected its solvency or, to my knowledge, the continued ability to perform its business activities in any material respect.

I also have been at various times since 1986 a director or trustee of certain nonprofit entities. I do not have the personal knowledge to be able to answer Questions 11(j) and 15 of the Biographical Affidavit with respect to those entities.

In response to Question 15(c) as it applies to the time during which I have served as a member of the Board of Trustees of the Penn Mutual Life Insurance Company:

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

NAIC No. 67644

FEIN: 23-0952300

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

			ephone number of the p Names)	present or proposed	entity under which th	is biographical	statement is being
The Per	nn Mutua	ıl Life Insu	rance Company				•
600 Dr	esher Roa	ad, Horshar	n, <b>P</b> A 19044				
215-95	6-8000						
hereina	fter set f	orth. (Attac	pove-named entity, I ch addendum or separ ONE," SO STATE.		**	-	-
1.	Affiant'	's Full Nan	ne (Initials Not Accept	able): First: Robert	Middle: <u>Henry</u> Last:	Rock	
2.	a.	Are you a	citizen of the United	States?			
		Yes X	No				
	b.	Are you a	citizen of any other co	ountry?			
		Yes	No X				
		If yes, wh	at country? N/A				
3.	Affiant'	s occupation	on or profession: Publi	sher			
4.	Affiant'	s business	address: 1845 Walnut	Street, Philadelphia,	PA 19103		
	Busines	s telephone	e: <u>215-405-6061</u>	Business Em	ail: <u>N/A</u>		
5.	Education	on and train	ning:				
College/	/Universi	ty	City/State	2	Dates Attended (MM	I/YY)	Degree Obtained
Harvard	Universi	ity	Cambridge	e, MA	09/68 - 06/72	····	AB
Graduat	e Studies	<u>C</u>	College/University	City/State	Dates Attended (MM	I/YY)	Degree Obtained
		E	Harvard University	Cambridge, MA	09/72 – 11/76		MBA, DBA
Other T	raining: N	Name	City/State	Dates Attended (	MM/YY)	Degree/Certif	ication Obtained
None							
Note:	applicab		a foreign school, please the foreign student I				

NAIC No. 67644 FEIN: 23-0952300

6.	List of memberships in professional societies and association	1s:
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Name of Society/Association N/A	Contact Name	Address of Society/Association	Telephone Number of Society/Association
---------------------------------------	--------------	--------------------------------	---

- 7. Present or proposed position with the Applicant Company: Trustee - The Penn Mutual Life Insurance Company
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 10/87 – present Employer's Name: MLR Holdings LLC Address: 1845 Walnut Street City: Philadelphia State/Province: Pennsylvania Country: USA Postal Code: 19103 Phone: 215-405-6061 Offices/Positions Held: President Type of Business: Publishing and information company Supervisor/Contact: N/A Beginning/Ending Dates (MM/YY): 08/11 – present Employer's Name: 451 Research LLC Address: 20 West 37<sup>th</sup> Street City: New York State/Province: NY Postal Code: 10018 Phone: 212-505-3030 Offices/Positions Held: Partial Owner Country: USA Type of Business: Business research company Supervisor/Contact: N/A Beginning/Ending Dates (MM/YY): 1997 – present Employer's Name: The Penn Mutual Life Insurance Company

Address: 600 Dresher Road City: Horsham State/Province: PA

Country: USA Postal Code: 19044 Phone: 215-956-8000 Offices/Positions Held: Member, Board of Trustees

Type of Business: Life Insurance Company Supervisor/Contact: Eileen McDonnell 215-956-8365

Beginning/Ending

Dates (MM/YY): 09/96 - 06/11 Employer's Name: Alberto Culver Company (acquired by Unilever in 2011)

Address: 800 Sylvan Avenue City: Englewood Cliffs State/Province: NJ

Country: USA Postal Code: 07632 Phone: 1-800-298-5018 Offices/Positions Held: Member, Board of Directors

Type of Business: Consumer goods company Supervisor/Contact: N/A

NAIC No. 67644 FEIN: 23-0952300

Beginning/Ending

Dates (MM/YY): 06/96 – present Employer's Name: Quaker Chemical Corporation

Address: 901 E. Hector Street City: Conshohocken State/Province: PA

Country: USA Postal Code: 19428 Phone: 610-832-4000 Offices/Positions Held: Member, Board of Directors

Type of Business: <u>Chemical corporation</u> Supervisor/Contact: <u>N/A</u>

Beginning/Ending

Dates (MM/YY): 09/02 – 03/06 Employer's Name: Advanta Corp. (no longer in business)

Address: N/A City: N/A State/Province: N/A

Country: N/A Postal Code: N/A Phone: N/A Offices/Positions Held: Member, Board of Directors

Type of Business: Financial services company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/03 – 02/05 Employer's Name: PO Corporation

Address: 300 Lindenwood Drive, Valleybrooke Corporate Center City: Malvern State/Province: PA

Country: <u>USA</u> Postal Code: <u>19355</u> Phone: <u>610-651-4200</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Chemical company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1987 - 2002 Employer's Name: Hunt Corporation (formerly Hunt Manufacturing Company) (acquired

by Berwind Corporation in 2002)

Address: 3000 Centre Square West, 1500 Market Street City: Philadelphia State/Province: PA

Country: USA Postal Code: 19012 Phone: 215-563-2800 Offices/Positions Held: Member, Board of Directors

Type of Business: Office manufacturing company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1989 - 1998 Employer's Name: R.P. Sherer Corporation (acquired by Catalent Pharma Solutions in

2012)

Address: 14 School House Road City: Somerset State/Province: NJ

Country: USA Postal Code: 08873 Phone: 1-877-587-1835 Offices/Positions Held: Member, Board of Directors

Type of Business: <u>Pharmaceutical company</u> Supervisor/Contact: <u>N/A</u>

NAIC No. 67644 FEIN: 23-0952300

Beginning/Ending

Dates (MM/YY): 1987 - present Employer's Name: The Rock School for Dance Education

Address: 1101 South Broad Street City: Philadelphia State/Province: PA

Country: USA Postal Code: 19147 Phone: 215-551-7010 Offices/Positions Held: Member, Board of Directors

Type of Business: Non-profit / cultural organization Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1997 - present Employer's Name: Curtis Institute of Music

Address: 1726 Locust Street City: Philadelphia State/Province: PA

Country: <u>USA</u> Postal Code: <u>19103</u> Phone: <u>215-893-5252</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Non-profit / cultural organization Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1995 - 2014 Employer's Name: Philadelphia Orchestra

Address: One South Broad Street, 14<sup>th</sup> Floor City: Philadelphia State/Province: PA

Country: USA Postal Code: 19107 Phone: 215-893-1955 Offices/Positions Held: Member, Board of Directors

Type of Business: Non-profit / cultural organization Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1989 - present Employer's Name: The Wistar Institute

Address: 3601 Spruce Street City: Philadelphia State/Province: PA

Country: USA Postal Code: 19104 Phone: 215-898-3700 Offices/Positions Held: Member, Board of Directors

Type of Business: Medical research organization Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2000 - 2003 Employer's Name: World Affairs Council of Philadelphia

Address: One South Broad Street, Suite 2M City: Philadelphia State/Province: PA

Country: <u>USA</u> Postal Code: <u>19107</u> Phone: <u>215-461-4700</u> Offices/Positions Held: <u>Member, Board of Directors</u>

Type of Business: Philadelphia regional non-profit organization Supervisor/Contact: N/A

Applicant	Company Name:	The Penn Mutual	Life Insurance	Company

9.	a.	Have you ever been in a position which required a fidelity bond?		
		Yes No X		
		If any claims were made on the bond, give details: <u>N/A</u>		
	b.	Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?		
		Yes No X		
		If yes, give details: <u>N/A</u>		
10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by an or governmental licensing agency or regulatory authority or licensing authority that you presently hold or hin the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five number reasonably identifiable as your SSN, then write SSN for that portion of the professional license number represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach acceptable is insufficient.				
	None			
Organi	zation/Iss	nuer of License: Address:		
City: _		State/Province: Country: Postal Code:		
License	e Type: _	License #: Date Issued (MM/YY):		
		License #: Date Issued (MM/YY):  IM/YY): Reason for Termination:		
Date Ex	xpired (M			
Date Ex	xpired (M surance I In respo	IM/YY): Reason for Termination:		
Date En	xpired (M surance I In respo	IM/YY): Reason for Termination: Regulatory Phone Number (if known):  and the following, if the record has been sealed or expunged, and the affiant has personally verified that		
Date En	xpired (M surance I In respe the reco	Regulatory Phone Number (if known):  Inding to the following, if the record has been sealed or expunged, and the affiant has personally verified that ord was sealed or expunged, an affiant may respond "no" to the question. Have you ever:  Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or		
Date En	xpired (M surance I In respe the reco	Regulatory Phone Number (if known):		
Date En	xpired (M surance I In respo the reco a.	Regulatory Phone Number (if known):  Inding to the following, if the record has been sealed or expunged, and the affiant has personally verified that ord was sealed or expunged, an affiant may respond "no" to the question. Have you ever:  Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  Yes No X  Had any occupational, professional, or vocational license or permit you hold or have held, been subject to		
Date En	xpired (M surance I In respo the reco a.	Regulatory Phone Number (if known):  Inding to the following, if the record has been sealed or expunged, and the affiant has personally verified that ord was sealed or expunged, an affiant may respond "no" to the question. Have you ever:  Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  Yes No X  Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?		
Date En	xpired (M surance I In respe the reco a.	Regulatory Phone Number (if known):    Regulatory Phone Number (if known):		
Date En	xpired (M surance I In respe the reco a.	Regulatory Phone Number (if known):    Regulatory Phone Number (if known):		

e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	<u>N/A</u>
poss pers or n office hold	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The a "control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a con, whether through the ownership of voting securities, by contract other than a commercial contract for goods con-management services, or otherwise, unless the power is the result of an official position with or corporate ce held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, is with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person.
Non	<u>ue</u>
If ar	ny of the stock is pledged or hypothecated in any way, give details. N/A
Do	[Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially

with, the person specified.

12.

13.

or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control

Applic	ant Comp	pany Name: The Penn Mutual Life Insurance Company	NAIC No FEIN:	o. 67644 23-0952300			
	Yes [	No X					
		please identify the company or companies in which the cumula standing voting securities.	ative stock	holdings represent 10% or more of			
	<u>N/A</u>						
	If any o	of the shares of stock are pledged or hypothecated in any way, g	ive details.				
14.	Have y	ou ever been adjudged a bankrupt?					
	Yes [	No X					
	If yes, p	provide details: <u>N/A</u>					
15.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?						
	a.	Been refused a permit, license, or certificate of authority by licensing agency?	y any regu	latory authority, or governmental-			
		Yes No X					
	b.	Had its permit, license, or certificate of authority suspended, to any judicial, administrative, regulatory, or disciplinary receivership, conservatorship, federal bankruptcy proceeding similar proceeding)?	action (inc	cluding rehabilitation, liquidation,			
		Yes No X					
	c.	Been placed on probation or had a fine levied against it or authority in any civil, criminal, administrative, regulatory, or c					
		Yes X No					
		nswer to any of the above is yes, please indicate and give detail should also include any events within twelve (12) months after h					
	<u>Details</u>	for Q15c:					

Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which Penn Mutual agreed to pay a fine of \$15,000 following a Market Conduct Examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: The Penn Mutual Life Insurance Company	NAIC N	o. 67644 23-0952300
Dated and signed this 22 day of \$20 /6 at philadelphia. I hereby certify under p behalf and that the foregoing statements are true and correct to the best of my k (Signature of Affiant)	enalty of p	perjury that I am acting on my own
State of: Pennsylvania County of: Philadelphia  The foregoing instrument was acknowledged before me this 20 <sup>nd</sup> day of Apriand:  who is personally known to me, or	, 20	16 by Robert H. Rock
who produced the following identification: Drivers License		
[SEAL]		Notary Public  Notary Public  Printed Notary Name  wat 33, 2019  My Commission Expires

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
BRIGID E. LAU, Notary Public
City of Philadelphia, Phila. County
My Commission Expires August 23, 2019

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

,		telephone number of the roup Names).	present or proposed	entity under which the	is biographical	statement is being
			enn Mutual Life In	surance Company		
Philadelph In connect hereinafter	set forth. (A	above-named entity, I ttach addendum or separ		600 Dresher Horsham, P. 215-956-800 presentations and supp	A 19044 <u>)0</u> oly information	about myself as
1. A	ffiant's Full N	Name (Initials Not Accept	able): First: <u>Anthon</u>	y Middle: <u>M</u> Last: <u>S</u>	antomero	
2. a.	Are yo	ou a citizen of the United	States?			
	Yes [	X No				
b.	Are yo	ou a citizen of any other c	ountry?			
	Yes	No X				
	If yes,	what country? N/A				
3. A	ffiant's occup	ation or profession: <u>Trust</u>	<u>tee</u>			
4. A	ffiant's busine	ess address: 600 Dresher	Road, Horsham, PA	19044		
В	usiness teleph	one: <u>215-956-8000</u>	Business En	nail:		
5. E	ducation and t	raining:				
College/U1	niversity	<u>City/Si</u>	tate	Dates Attended (MN	M/YY)	Degree Obtained
Fordham C	ollege	New Yo	ork, NY	9/64 - 5/68		A.B.
Graduate S	<u>tudies</u>	College/University	City/State	Dates Attended (MN	<u>//YY)</u>	Degree Obtained
		Brown University	Providence, RI	9/68 - 5/71		Ph.D
Other Train	ning: Name	<u>City/State</u>	Dates Attended	(MM/YY)	Degree/Certit	fication Obtained
		led a foreign school, pleavide the foreign student	-			

Supplemental Information.

List of memberships in professional societies and associations:

6.

NAIC No. 67644 FEIN: 23-0952300

		Name of y/Association	Contact Name	Addres Society/Ass		Telephone Number of Society/Association
	None					
7.	Preser	nt or proposed position	on with the Applicant C	ompany: <u>Trustee</u>		
8.	includ officer	ing present jobs, porships). Please list the	sitions, partnerships, ov	oner of an entity, admin sch additional pages if	nistrator, manage the space provide	d or otherwise (up to and er, operator, directorates or ed is insufficient. It is only years.
	See at	tachment for comple	ete listing of positions he	<u>eld</u>		
9.	a.	Have you ever be	en in a position which r	equired a fidelity bond?	)	
		Yes N	lo X			
		If any claims wer	e made on the bond, giv	re details: <u>N/A</u>		
	b.	Have you ever b revoked?	een denied an individu	al or position schedule	fidelity bond, o	or had a bond canceled or
		Yes N	Io X			
		If yes, give detail	s: <u>N/A</u>			
10.	or gov in the the lic number are rear	vernmental licensing past. For any non-in ensing authority or a er is your Social Sec asonably identifiable	agency or regulatory assurance regulatory issue regulatory body having urity Number (SSN) or as your SSN, then wr (For example, "SSN",	athority or licensing au er, identify and provide jurisdiction over the lic embeds your SSN or an ite SSN for that portion	thority that you p the name, address ense (s) issued. I ny sequence of m n of the profession	rities) issued by any public presently hold or have held as and telephone number of f your professional license hore than five numbers that onal license number that is digits)). Attach additional
	None					
Organi	ization/Is	ssuer of License:		Address:		
City: _		State/Pi	ovince:	Country:	Post	tal Code:
Licens	е Туре:_		License #:	Date Issu	ed (MM/YY): _	
Date E	Expired (	MM/YY):	Reason for T	ermination:		
Non-Ir	ısurance	Regulatory Phone N	Jumber (if known):			

the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that

11.

a.	any public administrative, or governmental licensing agency?
	Yes No X
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	<u>N/A</u>

12.	posse person or non office holds	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a n, whether through the ownership of voting securities, by contract other than a commercial contract for goods n-management services, or otherwise, unless the power is the result of an official position with or corporate held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person.
	None	
	If any	of the stock is pledged or hypothecated in any way, give details. N/A
13.	or of regula direct	Vill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance story authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
	Yes	No X
		, please identify the company or companies in which the cumulative stock holdings represent 10% or more of atstanding voting securities.
	<u>N/A</u>	
	If any <u>N/A</u>	of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have	you ever been adjudged a bankrupt?
	Yes	No X
	If ves	, provide details: <u>N/A</u>
15.	To yo	our knowledge has any company or entity for which you were an officer or director, trustee, investment attee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details on Question 15c.: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

As a member of the Board of Directors of both Citigroup and Citibank, Dr. Santomero has been party to a number of regulatory actions, settlements and consent order with many regulators and law enforcement agencies overseeing the banking sector. However, he has not been named personally in any such actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _ under penalty of perjur of my knowledge and b	/3 day of October 20 y that I am acting on my own behalf and relief.	12 at NONSHAYY\  I that the foregoing statements are true	. I hereby certify te and correct to the best
(Signat	ure of Affiant)		
State of: PA	County of: Mathematical County of: Mathematical County of the Mathematical County of the County of t	Mery Hoay 61 Attable 16 m/h	than Sarton l
and:  who is personally because the second of the second o			January 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
who produced the	following identification:		
[SEAL]	COMMONWEALTH OF PENNSYLVANIA  Notarial Seal Marianne C. Bechtel, Notary Public Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	MAKIANNE Printed N 12-26	C. BUTUL  ry Publich  C. BECHTEL  Notary Name  2017  uission Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Anthony M. Santomero

Name	ne	*889	Phone	osition	Type of Business	Supervisor/Contact
Present The Penn Mutual Life Insurance Company		600 Dresher Road Horsham, PA 19044		Trustee	Insurance Company	N/A
Present Citicorp		701 East 60th Street North Sioux Falls, SD 57104-0432		Director	Banking	N/A
Present Renaissance Reinsurance Company Ltd	e)	12 Crow Lane Pembroke, HM19Bermuda		Director	Insurance	N/A
Present Columbia Funds		225 Franklin Street Boston, MA 02110		Director	Financia1	N/A
Bank of America Fund Series Trust		100 Federal Street Boston, MA 02110		Director	Banking	N/A
McKinsey & Company		Jew York NY 10022	212-446- 8227	Senior Advisor	Financial Services	Kevin Buehler
Federal Reserve Bank of Philadelphia		10 Independence Mall Philadelphia, PA 19106		President	Banking	N/A
Wharton School, University of Pennsylvania	>	3620 Locust Walk Philadelphia, PA 19104		Professor	University	N/A
	1					
	•					
* USA unless otherwise noted						

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	name, address and te		resent or propos	ed entity under which this bio	ographical statement is being
requi			n Mutual Life	nsurance Company	
	delphia, PA 19172			600 Dresher Roa Horsham, PA 190	d
hereir	nafter set forth. (Att			215-956-8000 epresentations and supply in the hereon is insufficient to any	
1.	Affiant's Full Na	me (Initials Not Accepta	ble): First: <u>Susa</u>	n Middle: <u>Doenges</u> Last: <u>W</u>	aring
2.	a. Are you	a citizen of the United S	states?		
	Yes	X No .			
	b. Are you	a citizen of any other co	ountry?		
	Yes	No X			
	If yes, v	hat country? N/A			
3.	Affiant's occupa	tion or profession: <u>Truste</u>	<u>ee</u>		
4.	Affiant's busines	s address: 600 Dresher F	Road, Horsham, I	<u>A 19044</u>	
	Business telepho	ne: <u>215-956-8000</u>	Business	Email:	
5.	Education and tra	aining:			
Colle	ge/University	City/St	a <u>te</u>	Dates Attended (MM/YY	Degree Obtained
Getty	sburg College	Gettysbu	arg, PA	8/67 – 5/71	B.A.
Grad	uate Studies	College/University	City/State	Dates Attended (MM/YY	Degree Obtained
<u>Ship</u> r	pensburg University		Shippensburg,	PA 8/73-5/75	<u>M.S.</u>
Other	r Training: Name	<u>City/State</u>	Dates Attend	ed (MM/YY) De	egree/Certification Obtained
Dard	en University of UV.	A Charlottesville, VA	6/00-8/0	)	Executive Certification
Note	: If affiant attende	ed a foreign school, plea	se provide full a	ddress and telephone number	of the college/university. If

Revised 8/18/14 FORM 11

Supplemental Information.

applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit

NAIC No. 67644 FEIN: 23-0952300

6. List of memberships in professional societies and associations:

Name of		Address of	Telephone Number
Society/Association	Contact Name	Society/Association	of Society/Association
		070.0 D	
		270 S. Bryn Mawr Avenue, Bryn	
The American College	Larry Barton	Mawr, PA 19010	610-526-1000
		300 Day Hill Road	
LL Global	Robert Kerzner	Windsor, CT 06095	860-688-3358
		50 Braintree Hill Park Ste 400,	
MIB	Lee Oliphant	Braintree, MA 02184	781-751-6000

- 7. Present or proposed position with the Applicant Company: <u>Trustee</u>
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See att	tachment for complete listing of posit	tions held	
9. a.	Have you ever been in a position v	which required a fidelity bond?	?
	Yes X No		
	If any claims were made on the bo	nd, give details: N/A, None	
b.	Have you ever been denied an in revoked?	dividual or position schedule	e fidelity bond, or had a bond canceled or
	Yes No X		
	If yes, give details: N/A		
or gove in the puther lice number are rearese	ernmental licensing agency or regular past. For any non-insurance regulator ensing authority or regulatory body har is your Social Security Number (SS asonably identifiable as your SSN, the	story authority or licensing aut y issuer, identify and provide saving jurisdiction over the lic SN) or embeds your SSN or ar then write SSN for that portion	enses to sell securities) issued by any public thority that you presently hold or have held the name, address and telephone number of tense (s) issued. If your professional license my sequence of more than five numbers that in of the professional license number that is 34-SSN" (last 6 digits)). Attach additional
Organization/Iss	suer of License: NASD/SEC	Address:	
City:	State/Province:	Country:	Postal Code:
License Type:	Series 6License	#:Date Issu	ed (MM/YY): <u>2000</u>
Date Expired (N	MM/YY): <u>04/2010</u> Reason for '	Termination: Retired	
Non-Insurance	Regulatory Phone Number (if known	):	

Organ	izatioı	n/Issuer of License: NASD	Address:	
City: _		State/Province:	Country:	Postal Code:
Licens	ве Тур	pe: Variable License #	e: Date Iss	ued (MM/YY): 1998
Date E	Expire	d (MM/YY): <u>04/2010</u> Reason for T	ermination: Retired	
Non-I	nsuran	nce Regulatory Phone Number (if known):		
11.		responding to the following, if the record record was sealed or expunged, an affiant		d, and the affiant has personally verified that uestion. Have you ever:
	a.	Been refused an occupational, profe any public administrative, or govern		ase or permit by any regulatory authority, or
		Yes No X		
	ъ.	Had any occupational, professional any judicial, administrative, regulate		ermit you hold or have held, been subject to
		Yes No X		
	c.	Been placed on probation or had a flicense or permit in any judicial, adr		ur occupational, professional, or vocational lisciplinary action?
		Yes No X		
	d.	Been charged with, or indicted for, a	any criminal offense(s) other	er than civil traffic offenses?
		Yes No X		
	e.	Pled guilty, or nolo contendere, o offenses?	r been convicted of, any	criminal offense(s) other than civil traffic
		Yes No X		
	f.			suspended, had pronouncement of a sentence for any criminal offense(s) other than civil
		Yes No X		
	g.	administrative, regulatory, or disciplinar	y action, from violating any ecurities or banking, or fr	temporarily or permanently, in any judicial, rederal, state law or law of another country om carrying out any particular practice or king?
		Yes No X		
	h.	Been, within the last ten (10) years, a financial dispute?	party to any civil action	involving dishonesty, breach of trust, or a
		Yes No X		

	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		Yes No X
		If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
		<u>N/A</u>
12.	pos per or : off:	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The m "control" (including the terms "controlling," "controlled by" and "under common control with") means the issession, direct or indirect, of the power to direct or cause the direction of the management and policies of a son, whether through the ownership of voting securities, by contract other than a commercial contract for goods non-management services, or otherwise, unless the power is the result of an official position with or corporate ice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, ds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any er person.
	No	<u>ne</u>
	If a	ny of the stock is pledged or hypothecated in any way, give details. N/A
13.	or or reg	[Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ectly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control h, the person specified.
	Ye	s No X
		res, please identify the company or companies in which the cumulative stock holdings represent 10% or more of outstanding voting securities.
	<u>N/</u>	$ar{I}$
	If a	ny of the shares of stock are pledged or hypothecated in any way, give details.
	<u>N/A</u>	$ar{I}$
14.	Har	ve you ever been adjudged a bankrupt?
	Ye	s No X
	If y	es, provide details: <u>N/A</u>
15.	con	your knowledge has any company or entity for which you were an officer or director, trustee, investment mittee member, key management employee or controlling stockholder, had any of the following events occur ile you served in such capacity?

licensing agency?

a.

Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-

	Yes No X
b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes No X
c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
	Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details on Question 15c.: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

ote: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

, way	IN.			
Dated and signed this 17	day of OCTOBER	20 16	at HORSHAM	I hereby certify
under penalty of perjury t	hat I am acting on my own be	half and that t	he foregoing statements a	re true and correct to the best
of my knowledge and bel	ief.			
MAD	War			
(Signature	e of Affiant)			
$\wedge$	Λ	- I		
State of	County of:	Jan 1	A Al	•
7.3	county on 11	111		1/2
The foregoing instrument	was acknowledged before me	tķis ∭day o	f 1/1/2016/2016/2016/20	oy / ) hear While
and:		$\bigcup_{i=1}^{n}$		
who is personally known	own to me, or			
who produced the fol	lowing identification:		,	
•			Maria	al C Bultil
[SEAL]	COMMONWEALTH OF PENNSYLVAN Notarial Seal Marianne C. Bechtel, Notary Publ		MARIAN	Notary Public
	Horsham Twp., Montgomery Coun		Prin	ited Notary Name
i	My Commission Expires Dec. 26, 2		12-7	16-2017
M	iember, pennsylvania association of nota	RIES		Commission Expires

### NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Susan Doenges Waring

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
4/13	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Trustee	Insurance Company	
6/12	Present	Delhi Telephone Company	PO Box 271 Delhi, NY 13753		Director	Communications	N/A
2/11	2/13	Royal Neighbors of America	230 16 <sup>th</sup> Street Rock Island, IL 61201		Director	Insurance Company	N/A
2/05	12/11	MIB Group, Inc	50 Braintree Hill Park, Suite 400 Braintree, MA 02184		Director	Insurance Company	N/A
7/01	4/10	State Farm Insurance	One State Farm Drive, Bloomington, IL 61760		EVP/CAO Life & Health	Insurance Company	Ed Rust 309-735-1036
10/09	4/10	American Council of Life Insurers	101 Constitution Ave, NW Washington DC 20001		Board Member	Trade Association	N/A
1/04	4/10	The American College	270 South Bryn Mawr Bryn Mawr, PA 19010		Board Member	Non-profit	N/A
2/03	4/10	Illinois Wesleyan University	PO Box 2900 Bloomington, IL 61702		Trustee	University	N/A
6/05	1/10	LLC Global	300 Day Hill Road Windsor, CT 06095		Director		N/A
3/00	7/01	State Farm Insurance	One State Farm Drive, Bloomington, IL 61760		VP Mutual Funds	Insurance Company	N/A
3/97	3/00	State Farm Insurance	100 State Farm Drive, Ballston Spa, NY, 12020		VP Agency	Insurance Company	N/A
4/96	3/97	State Farm Insurance	One State Farm Drive, Bloomington, IL 61760		Executive Assistant	Insurance Company	N/A
							·

<sup>\*</sup> USA unless otherwise noted

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	me, address and telephone number d (Do Not Use Group Names).	r of the present or propo	osed entity under w	hich this biographi	cal statement is being
	u (Do Not Oso Group Numos).	The Penn Mutual Life	Insurance Comp	any	
	ory Home Office elphia, PA 19172		600 I Horsham, PA 19	strative Office Dresher Road 9044	
hereina	nection with the above-named enfter set forth. (Attach addendum ER IS "NO" OR "NONE," SO ST	or separate sheet if spa			
1.	Affiant's Full Name (Initials Not	t Acceptable): First: <u>Su</u>	san_ Middle: <u>Twin</u>	e Last: <u>Deakins</u>	<u> </u>
2.	a. Are you a citizen of the	United States?			
	Yes X No				
	b. Are you a citizen of any	other country?			
	Yes No	X			
	If yes, what country?	N/A		and the state of t	-
3.	Affiant's occupation or profession	n: Executive Vice Presi	dent, Chief Financi	al Officer, Treasure	er
4.	Affiant's business address: 600 I	Oresher Road, Horsham.	PA 19044		
	Business telephone: <u>215-956-80</u>	080 Busine	ess Email: <u>deakir</u>	ıs.susan@pennmutı	ual.com_
5.	Education and training:				
	e/University Con School, University of PA	City/State Philadelphia, PA	<u>Dates Attend</u> 09/79 – 12	led (MM/YY) /82	Degree Obtained B.S. Economics
Gradua	te Studies College/Unive	rsity <u>City/State</u>	Dates Attend	led (MM/YY)	Degree Obtained
N/A					
Other T	Training: Name City/State	Dates Atter	ded (MM/YY)	Degree/C	ertification Obtained
None	TC CC 1 1 C 1	1 1 .3 6 11	11	1 - 6 41	- 11 / i i IE
Note:	If affiant attended a foreign schapplicable, provide the foreign schapplemental Information				

6.	List of	f memberships in pr	rofessional societies and a	associations:				
		Name of y/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association			
	Socie	ety of Actuaries	Not Available	75 North Martingale #600 Schaumberg, Illnois 60173	847-706-3500			
	Ame Actu	rican Academy of aries	Not Available	1100 17 <sup>th</sup> Street NW 7 <sup>th</sup> Floor, Washington, DC 20036	202-223-8196			
7.			ion with the Applicant Co Chief Financial Officer					
8.	Executive Vice President, Chief Financial Officer and Treasurer  List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates of officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.							
	See at	tachment for compl	ete listing of positions he	eld				
9.	a.		een in a position which re	equired a fidelity bond?				
			<u> </u>	e details: <u>N/A</u>				
	b.	Have you ever l	peen denied an individua	al or position schedule fidelity bon	d, or had a bond canceled or			
		Yes 1 If yes, give detai	No X  ls: N/A					
10.	or gov in the the lic number are rea	rernmental licensing past. For any non-inensing authority or er is your Social Secasonably identifiable ented by your SSN if the space provide	g agency or regulatory au nsurance regulatory issue regulatory body having j curity Number (SSN) or e as your SSN, then wri . (For example, "SSN", d is insufficient.	licenses (including licenses to sell senthority or licensing authority that year, identify and provide the name, adjurisdiction over the license (s) issued embeds your SSN or any sequence of the SSN for that portion of the professing including the second of the second of the professing including the second of the second of the professing including the second of the secon	ou presently hold or have held dress and telephone number of dr. If your professional license of more than five numbers that assional license number that is t 6 digits)). Attach additional			
	None							
Organi	ization/Is	suer of License:		Address:				
City: _ Licens	е Туре: _	State/P	rovince:License #:	Country: Date Issued (MM/YY)	Postal Code:			
				ermination:				
Non-Ir	nsurance	Regulatory Phone 1	Number (if known):					

11.		responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
÷		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No X
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		Yes No X

<u>N</u>	<u> </u>
term ' posses person or non office holds	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. 'control" (including the terms "controlling," "controlled by" and "under common control with") means assion, direct or indirect, of the power to direct or cause the direction of the management and policies in, whether through the ownership of voting securities, by contract other than a commercial contract for go in-management services, or otherwise, unless the power is the result of an official position with or corporated by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, cont with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of person.
None	
If any	of the stock is pledged or hypothecated in any way, give details. N/A
or of egula direct	Vill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficing record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insuratory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person by, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control person specified.
	No X please identify the company or companies in which the cumulative stock holdings represent 10% or mor tstanding voting securities.
the ou N/A If any	please identify the company or companies in which the cumulative stock holdings represent 10% or mor
the ou N/A If any N/A	please identify the company or companies in which the cumulative stock holdings represent 10% or mor tstanding voting securities.  of the shares of stock are pledged or hypothecated in any way, give details.
the out N/A  If any N/A  Have	please identify the company or companies in which the cumulative stock holdings represent 10% or mor tstanding voting securities.  of the shares of stock are pledged or hypothecated in any way, give details.
the out N/A  If any N/A  Have	please identify the company or companies in which the cumulative stock holdings represent 10% or more tstanding voting securities.  of the shares of stock are pledged or hypothecated in any way, give details.  you ever been adjudged a bankrupt?  No X
the out N/A  If any N/A  Have	please identify the company or companies in which the cumulative stock holdings represent 10% or more testanding voting securities.  of the shares of stock are pledged or hypothecated in any way, give details.
If any N/A  Have Yes [ If yes, To yecomm	please identify the company or companies in which the cumulative stock holdings represent 10% or more tstanding voting securities.  of the shares of stock are pledged or hypothecated in any way, give details.  you ever been adjudged a bankrupt?  No X
Have Yes [ If yes,	please identify the company or companies in which the cumulative stock holdings represent 10% or motstanding voting securities.  of the shares of stock are pledged or hypothecated in any way, give details.  you ever been adjudged a bankrupt?  No X  provide details: N/A  provide details: N/A

b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes X No No
c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
	Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### **Details on Question 15b:**

b. On 3/1/16, New Mexico temporarily revoked Longevity's license due to late renewal payment. Longevity's Certificate of Authority was reinstated on 4/7/16, effective 3/1/16. The affiant was not directly involved.

Details on Question 15c.: (The affiant was not directly involved with the matters below)

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

The Penn Insurance and Annuity Company agreed to pay a fine of \$3,000 to the State of Connecticut Insurance Department in December 2013 following a Market Conduct Examination covering the year 2011 related to certain producers acting as agents without the required appointments.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Insurance and Annuity Company agreed to pay a fine of \$5,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

In August 2012, HTK was ordered to cease and desist and to pay a fine of \$1,750 to the New Hampshire Department of State, Bureau of Securities Registration for failure to amend a representative's U4 for a civil litigation.

In October 2012, HTK agreed to censure and to pay a fine of \$150,000 to FINRA relating to deficient supervision of direct mutual fins transactions and recordkeeping.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

# NAIC Biographical Affidavit #8 Supplemental Schedule

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Susan Deakins

Supervisor/Contact	e N/A	e N/A	e N/A	e N/A	e Eileen McDonnell 215-956-8000	e N/A	Dealer N/A	N/A	1.	Jealer N/A	Jealer N/A	e N/A	Eileen McDonnell 215-956-8000	Eileen McDonnell 215-956-8000	te Dave O'Malley & Eileen McDonnell 215-956-8000	te Dave O'Malley 215-956-8000, Pete Vogt	se Rich Plush, Pete Vogt
Type of Business	Insurance	Insurance	Insurance	Insurance	Insurance	Insurance	Broker/Dealer	Asset	Manager	Broker/Dealer	Broker/Dealer	Software	Insurance	Insurance	Insurance	Insurance	Insurance
Office/Position Held	Chair	Director, EVP & CFO	CFO & Treasurer	Director	EVP, CFO &Treasurer	SVP & CFO	Member, Audit Committee	Director		Director	Director	Chair	Director, SVP & CFO	EVP & CFO	SVP &CFO	VP & Chief Actuary	VP, Financial Reporting & Actuarial
Phone	215-956-8080	215-956-8080	215-956-8080	215-956-8080	215-956-8080	215-956-8080	215-665-6000	215-956-8080		215-956-8080	215-956-8080	215-956-8080	215-956-8080	215-956-8080	215-956-8080	215-956-8080	215-956-8080
Address*	1201 North Market Street, Suite 500 Wilmington, DE 19801-1175	1209 Orange Street Wilmington DE 19801	600 Dresher Road Horsham, PA 19044	1201 North Market Street, Suite 500 Wilmington, DE 19801-1175	600 Dresher Road Horsham, PA 19044	1201 North Market Street, Suite 500 Wilmington, DE 19801-1175	1717 Arch Street Philadelphia, PA 19103	600 Dresher Road Horsham, PA	19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	1209 Orange Street Wilmington DE 19801	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044
Name	PIA Reinsurance Company of Delaware I	The Penn Insurance & Annuity Company	Longevity Insurance Company	PIA Reinsurance Company of Delaware I	The Penn Mutual Life Insurance Company	PIA Reinsurance Company of Delaware I	Janney Montgomery Scott, LLC	Penn Mutual Asset	Management, LLC	Hornor, Townsend & Kent, Inc.	HTK Insurance Agency, Inc.	Leap Systems, LLC	The Penn Insurance & Annuity Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company
End Date	Present	Present	Present	Present	Present	Present	Present	Present		Present	Present	Present	9/19	9/15	6/15	12/12	12/07
Beginning Date	9/16	6/16	11/15	4/16	9/15	12/13	6/13	5/13		6/12	8/12	4/14	3/11	7/15	1/13	12/07	10/04

1/99	9/04	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8080	215-956-8080 AVP, Financial Reporting & Actuarial Valuation	Insurance	Rich Plush
1/93	12/98	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8080 Actuary	Actuary	Insurance	Tom Nace, Robert Davis, Ralph Pence

\* USA unless otherwise noted

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

		ss and telephouse Use Group N	one number of the practice.  Names).	resent or proposed	entity un	der which this	biographical	statement is being
The Pen	n Mutual	Life Insuran	ce Company					
600 Dre	sher Road	d, Horsham, I	PA 19044					
215-956	-8000							
hereinaf	ter set fo	rth. (Attach	e-named entity, I haddendum or separa IE," SO STATE.	erewith make rep te sheet if space h	resentationereon is	ons and supply insufficient to	information answer any	n about myself as question fully.) IF
1.	Affiant'	s Full Name (	Initials Not Acceptal	ble): First: Thomas	<u>Middle</u>	e: <u>Henry</u> Last: <u>H</u>	<u>Harris</u>	
2.	a.	Are you a ci	tizen of the United So	tates?				
		Yes X	No	,				
	b.	Are you a ci	tizen of any other con	untry?				
		Yes	No X					
		If yes, what	country? <u>N/A</u>					
3.	Affiant'	s occupation	or profession: Execu	tive Vice Presiden	t, Distribu	<u>ition</u>		
4.	Affiant'	s business ado	dress: 600 Dresher R	oad, Horsham, PA	19044			
	Busines	s telephone:	215-957-7306	Business En	nail: <u>Harr</u>	is.Thomas@pei	nnmutual.com	<u>n</u>
5.	Education	on and trainin	g:					
College	/Universi	<u>ty</u>	City/State		Dates A	Attended (MM/	<u>YY)</u>	Degree Obtained
Drexel V	Universit	У	Philadelphia, P.	A		9 – 05/80		None .
Temple	Universi	ty	Philadelphia, P	A	09/80	0 – 08/83	Bachelors	Actuarial Science
Graduat	e Studies	Col	llege/University	City/State	Dates A	Attended (MM/	<u>YY)</u>	Degree Obtained
None								
Other T	raining: 1	<u>Vame</u>	City/State	Dates Attended	(MM/YY	()_	Degree/Cert	ification Obtained
Fellow	Life Man	agement Insti	itute, Life Office Mar	nagement Associat	ion		09/87	FLMI
Charter	ed Life U	nderwriter	American College o	f Financial Service	s Bı	ryn Mawr, PA	10/89	CLU
Charter	ed Financ	ial Consultan	t American Colleg	e of Financial Serv	vices Bi	ryn Mawr, PA	10/89	<u>ChFC</u>
Note:	If affiar	nt attended a ble, provide t	foreign school, pleas he foreign student Io	se provide full add	lress and per in the	telephone num	ber of the co	ollege/university. If graphical Affidavit

Supplemental Information.

NAIC No. 67644 FEIN: 23-0952300

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Association of		101 Constitution Avenue	
Advanced Life		Suite 703 East, Washington	
Underwriters	Marc Cadin	D.C. 20001	703-641-9400
		101 Constitution Avenue	
American Council of		NW 700 East, Washington	
Life Insurers	David Leifer	D.C. 20001	202-624-2436
		270 Bryn Mawr Avenue,	
The American College	Tip Cronin	Bryn Mawr, PA 19019	610-526-1458

- 7. Present or proposed position with the Applicant Company: Executive Vice President, Distribution
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

### See attachment for complete listing of positions held

9.	a.	Have you ever been in a position which required a fidelity bond?
		Yes No X
		If any claims were made on the bond, give details: <u>N/A</u>
	b.	Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
		Yes No X
		If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

FINRA registrations 6, 7, 24, 26, 63; CRD# 1760593

Organization/Issuer of License: FINRA Address: 1735 K Street

City: Washington State/Province: D.C. Country: U.S.A. Postal Code: 20006

License Type: FINRA registrations 6, 7, 24, 26, 63 License #: CRD # 1760593 Date Issued (MM/YY): 11/87

Date Expired (MM/YY): N/A Reason for Termination: N/A Non-Insurance Regulatory Phone Number (if known): (301) 590-6500

NAIC No. 67644 FEIN: 23-0952300

	_			_	-	_		_	
1	£~	Insurance	linanaa	marmak ana	•••	+ha	$+c_{\alpha}m_{\alpha}$	arrina	atataa.
- 4	10	HISHIANCE	ncense	numbers	111	1116	10111	DW HIP	States.

AL: 467442 TN: 2021481 AK: 91123 TX: 1659040 AR: 377592 UT: 364615 AZ: 980254 VT: 730612 CA: 0H24849 VA: 789423 CO: 366976 WA: 775404 CT: 2366784 WI: 2567267

DE: 1122561 WV: 2500263 FL: W068723 WY: 205884

GA: 2759072 HI: 381428 IA: 2500263 ID: 364012

IL: 2500263 IN: 730038 KS: 2500263 KY: 742677 LA: 526083

MA: 1895740 MD: 100051854 ME: PRN184811

MI: 2500263 MN: 40229270 MO: 8061891

MS: 10201225 MT: 728545

NC: 2500263 ND: 2500263

NH: 2078734 NJ: 1293494

NM: 269843 NV: 730258

NY: LA-1175395 OH: 831094 OK: 40152002

OK: 40152002 OR: 2500263 PA: 576485 RI: 2097967 SC: 582561 SD: 40151973

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or
	any public administrative, or governmental licensing agency?

Yes No X

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No X

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Applica	nt C	ompany Name: The Penn Mutual Life Insurance Company	NAIC No. FEIN:	. 67644 23-0952300
		Yes No X	TEIN.	23-0732300
	d.	Been charged with, or indicted for, any criminal offense(s) oth	er than civ	il traffic offenses?
		Yes No X		
	e.	Pled guilty, or nolo contendere, or been convicted of, any offenses?	criminal	offense(s) other than civil traffic
		Yes No X		
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, or been pardoned, fined, or placed on probation, traffic offenses?		
		Yes No X		
	g.	Been subject to a cease and desist letter or order, or enjoined, either administrative, regulatory, or disciplinary action, from violating an regulating the business of insurance, securities or banking, or f practices in the course of the business of insurance, securities or banking.	y federal, s rom carryi	state law or law of another country
		Yes No X		
	h.	Been, within the last ten (10) years, a party to any civil action financial dispute?	involving	dishonesty, breach of trust, or a
		Yes No X		
	i.	Had a finding made by the Comptroller of any state or the Feder provisions of small loan laws, banking or trust company laws, or any rule or regulation lawfully made by the Comptroller of any state	credit unio	on laws, or that you have violated
		Yes No X		
	j.	Had a lien or foreclosure action filed against you or any entity while	e you were	associated with that entity?
		Yes No X		
		If the response to any question above is yes, please provide detail Attach a copy of the complaint and filed adjudication or settlement		
		<u>N/A</u>		
12.	pos pers or r offi	any entity subject to regulation by an insurance regulatory authorism "control" (including the terms "controlling," "controlled by" and session, direct or indirect, of the power to direct or cause the direct on, whether through the ownership of voting securities, by contract non-management services, or otherwise, unless the power is the rece held by the person. Control shall be presumed to exist if any p ds with the power to vote, or holds proxies representing, ten percent person.	d "under cection of to ther than sult of an elerson, dire	ommon control with") means the he management and policies of a n a commercial contract for goods official position with or corporate ectly or indirectly, owns, controls,
	No	<u>ne</u>		

Revised 8/18/14 FORM 11

If any of the stock is pledged or hypothecated in any way, give details. N/A

FEIN: 23-0952300 Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially

13. or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

> No X If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

Been refused a permit, license, or certificate of authority by any regulatory authority, or governmentala. licensing agency?

Yes No X

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Been placed on probation or had a fine levied against it or against its permit, license, or certificate of c. authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

NAIC No. 67644 FEIN: 23-0952300

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details for Question 15c.:

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

The Penn Insurance and Annuity Company agreed to pay a fine of \$3,000 to the State of Connecticut Insurance Department in December 2013 following a Market Conduct Examination covering the year 2011 related to certain producers acting as agents without the required appointments.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Insurance and Annuity Company agreed to pay a fine of \$5,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

In August 2012, HTK was ordered to cease and desist and to pay a fine of \$1,750 to the New Hampshire Department of State, Bureau of Securities Registration for failure to amend a representative's U4 for a civil litigation.

In October 2012, HTK agreed to censure and to pay a fine of \$150,000 to FINRA relating to deficient supervision of direct mutual fins transactions and recordkeeping.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

NAIC No. 67644 FEIN: 23-0952300

Dated and signed this 4th day of October 20 16 at Horsham under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief. (Signature of Affiant) County of: The foregoing instrument was acknowledged before me this and: who is personally known to me, or who produced the following identification: [SEAL] COMMONWEALTH OF PENNSYLVANIA Notarial Seal Marianne C. Bechtel, Notary Public Printed Notary Name Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Tom Harris

Beginning	End			Phone	Office/Position	Type of	
Date	Date	Name	Address*		Held	Business	Supervisor/Contact
7/13	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-957-7306	EVP, Distribution	Insurance	Eileen McDonnell 215-956-8000
2/11	Present	Hornor, Townsend & Kent, Inc.	600 Dresher Road Horsham, PA 19044	215-957-7306	Chairman of the Board & EVP, Distribution	Broker/Dealer	N/A
12/13	Present	The Penn Insurance & Annuity Company	1209 Orange Street Wilmington, DE 19801	215-957-7306	EVP, Distribution	Insurance	Eileen McDonnell 215-956-8000
60/8	6/13	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-957-7306	SVP, Distribution	Insurance	Eileen McDonnell 215-956-8000
7/84	60/8	Prudential Insurance Company of America	213 Washington Street Newark, NJ 07102		SVP, Distribution	Insurance	Mark Hug
12/13	Present	PIA Reinsurance Company of Delaware I	1201 North Market Street, Suite 500 Wilmington, DE 19801-1175	215-957-7306	Director	Insurance	N/A
4/15	Present	The Penn Insurance & Annuity Company	1209 Orange Street Wilmington, DE 19801	215-957-7306	Director	Insurance	
	* USA	* USA unless otherwise noted					

Applicant Company Name : The Penn Mutual Life Insurance	e Company	NAIC No. <u>67644</u>
	FEIN:	23-0952300

## **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

			(Print or Typ	e)		
Full nar	ne, address and l (Do Not Use (	I telephone number of the Group Names)			oiographical statement	is being
			nn Mutual Life In			
	ry Home Offic			Main Administ		
Philade Philade	lphia, PA 19172	2		600 Dresher R		
<del></del>				Horsham, PA	19044	
T		1 1 1 Y	1 1,1 1	215-956-8000		10
hereinat	fter set forth. (.	ne above-named entity, I Attach addendum or separ R "NONE," SO STATE.	rate sheet if space l	resentations and supply hereon is insufficient to	answer any question f	yself as ully.) IF
1.	Affiant's Full	Name (Initials Not Accept	able): First: <u>Raym</u> e	ond Middle: <u>Gerard</u> I	Last: <u>Caucci</u>	
2.	a. Are y	ou a citizen of the United S	States?			
	Yes [	X No				
	b. Are y	ou a citizen of any other co	ountry?			
	Yes [	No X				
	If yes	s, what country? <u>N/A</u>	and a superior of the superior			
3.	Affiant's occu	pation or profession: Actua	ary			
4.	Affiant's busin	ness address: 600 Dresher I	Road, Horsham, PA	19044		
	Business telep	hone: <u>215-956-8085</u>	Business I	Email: <u>Caucci.Raymon</u> o	d@pennmutual.com	
5.	Education and	training:				
	University ity of Pennsylva	<u>City/State</u> ania Philadel		Dates Attended (MM/Y 9/84–12/86	YY) <u>Degree Ol</u> BS	
	htown College		htown,PA	9/82-5/84	NONE	·
	e Studies	College/University	City/State	Dates Attended (MM/Y		 otained
None			190000		~~~	
Other T	raining: Name	City/State	Dates Attended	(MM/YY) I	Degree/Certification Ob	otained
TheAme	ericanCollege	Bryn Mawr,PA	9/2002-8/2009	CharteredFina	ncialConsultant (ChFC	2)
Note:		ded a foreign school, plea ovide the foreign student I Information.				

Applic	cant Company Name:The P	enn Mutual Life Insura	nce Company FEI	NAIC No. <u>67644</u> N: <u>23-0952300</u>
6.	List of memberships in pro	fessional societies and a	ssociations:	
	Name of Society/Association Society of Actuaries  American Academy of Actuaries	Contact Name Greg Heidrich Mary Downs	Address of Society/Associa	dation         of Society/Association           Rd,Suite         847-706-3500           IL 60173         202-223-8196
7.	Present or proposed positio SVP, Product Management			
8.	including present jobs, pos	itions, partnerships, ow e most recent first. Attac	ner of an entity, adminis ch additional pages if the	er compensated or otherwise (up to anotrator, manager, operator, directorates of space provided is insufficient. It is only a past ten (10) years.
	See attachment for compl	ete listing of positions	<u>held</u>	
9.	a. Have you ever bee	en in a position which re	equired a fidelity bond?	
	Yes No			
	If any claims were	made on the bond, give	e details: <u>N/A</u>	
	b. Have you ever be revoked?	en denied an individua	al or position schedule f	idelity bond, or had a bond canceled or
	Yes No			
	If yes, give details	: <u>N/A</u>		
10.	or governmental licensing a in the past. For any non-ins the licensing authority or renumber is your Social Secu are reasonably identifiable represented by your SSN. pages if the space provided	agency or regulatory au urance regulatory issued egulatory body having jurity Number (SSN) or easy your SSN, then write (For example, "SSN",	thority or licensing author, identify and provide the urisdiction over the licen embeds your SSN or any se SSN for that portion of	ses to sell securities) issued by any public prity that you presently hold or have held e name, address and telephone number of se (s) issued. If your professional license sequence of more than five numbers that if the professional license number that is -SSN" (last 6 digits)). Attach additional
Organ	ization/Issuer of License:		Address:	
City: _	State/Pro	ovince:	Country:	Postal Code:
Licens	se Type:	License #:	Date Issued	(MM/YY):
Date I	Expired (MM/YY):	Reason for Te	rmination:	
Non-I	nsurance Regulatory Phone N	umber (if known):		
Organ	ization/Issuer of License:		Address:	
				Postal Code:

Applica	ant C	ompany Name : <u>The</u>	Penn Mutual Life Insu	rance Company	FEIN:	NAIC No. <u>67644</u> 23-0952300
License	е Тур	e:	License #:	Da	te Issued (MM	1/YY):
Date Ex Non-In	xpire suran	d (MM/YY): ce Regulatory Phone N	Reason for Tumber (if known):	Cermination:		
11.			wing, if the record has become an arranged, an affiant ma			e affiant has personally verified that Have you ever:
	a.		occupational, profession istrative, or government			rmit by any regulatory authority, or
		Yes N	lo X			
	b.		ional, professional, or inistrative, regulatory,			u hold or have held, been subject to
		Yes N	lo X			
	c.		robation or had a fine l in any judicial, admini			national, professional, or vocational ary action?
		Yes N	Io X			
	d.	Been charged wit	h, or indicted for, any	eriminal offense(s)	) other than ci	vil traffic offenses?
		Yes N	Io X			•
	e.	Pled guilty, or r offenses?	nolo contendere, or be	een convicted of,	any criminal	offense(s) other than civil traffic
		Yes N	o X			
	f.					d, had pronouncement of a sentence criminal offense(s) other than civil
		Yes N	o X			
	g.	administrative, regular regulating the busine	tory, or disciplinary act	tion, from violatin ities or banking,	g any federal, or from carry	arily or permanently, in any judicial, state law or law of another country ying out any particular practice or
		Yes N	o X			
	h.	Been, within the last financial dispute?	ten (10) years, a par	ty to any civil ac	ction involvin	g dishonesty, breach of trust, or a
		Yes N	o X			
	i.	provisions of small lo		ust company laws	s, or credit un	rnment that you have violated any ion laws, or that you have violated ederal Government?
		Yes N	o X			
	j.	Had a lien or forecloss	are action filed against	you or any entity	while you wer	re associated with that entity?

Appli	cant Con	npany Name: <u>The Penn Mutual Life Insurance Company</u> FEIN:	NAIC No. 67644
		PEIN:	23-0952300
		Yes No X	
		the response to any question above is yes, please provide details inclustrach a copy of the complaint and filed adjudication or settlement as app	
	N	I/A	
12.	term ' posses persor or nor office holds	ny entity subject to regulation by an insurance regulatory authority that 'control" (including the terms "controlling," "controlled by" and "und ssion, direct or indirect, of the power to direct or cause the direction a, whether through the ownership of voting securities, by contract other a-management services, or otherwise, unless the power is the result of held by the person. Control shall be presumed to exist if any person, with the power to vote, or holds proxies representing, ten percent (10%) person.	er common control with") means the of the management and policies of a than a commercial contract for goods an official position with or corporate directly or indirectly, owns, controls
	If any	of the stock is pledged or hypothecated in any way, give details. N/A	
13.	or of regula directl with, t	Vill] you or members of your immediate family individually or cumulative record, 10% or more of the outstanding shares of stock of any entity tory authority, or its affiliates? An "affiliate" of, or person "affiliated" vy, or indirectly through one or more intermediaries, controls, or is controled be person specified.  No X	subject to regulation by an insurance with, a specific person, is a person that colled by, or is under common control
		please identify the company or companies in which the cumulative stortstanding voting securities.	ck holdings represent 10% or more of
	If any	of the shares of stock are pledged or hypothecated in any way, give detail	ils
	N/A	· · · · · · · · · · · · · · · · · · ·	
4.	Have y	you ever been adjudged a bankrupt?	
	Yes [	No X	
	_	provide details: <u>N/A</u>	
5.	To yo	ur knowledge has any company or entity for which you were an of ittee member, key management employee or controlling stockholder, he you served in such capacity?	ficer or director, trustee, investment
	a.	Been refused a permit, license, or certificate of authority by any relicensing agency?	gulatory authority, or governmental-
		Yes No X	
	b.	Had its permit, license, or certificate of authority suspended, revoked to any judicial, administrative, regulatory, or disciplinary action (	, canceled, non-renewed, or subjected (including rehabilitation, liquidation,

Applicant Comp	pany Name : The Penn Mutual Life Insurance Company  NAIC No. 67644  FEIN: 23-0952300
	receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any othe similar proceeding)?
	Yes X No No
c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate o authority in any civil, criminal, administrative, regulatory, or disciplinary action?
	Yes X No
If the a	nswer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c)

### Details on Q15b:

On 3/1/16, New Mexico temporarily revoked Longevity's license due to late renewal payment. Longevity's Certificate of Authority was reinstated on 4/7/16, effective 3/1/16. Affiant was not directly involved in the issue.

affiant should also include any events within twelve (12) months after his or her departure from the entity.

**Details on Q15c**: (The affiant was not directly involved in the issues noted below.)

The Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$15,000 following a Market Conduct Examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Appli	cant Com	pany Name : _ The F	Penn Mutual Life Insur			No. <u>67644</u>
					TEIN. <u>23-09</u>	32300
6.	List of	memberships in pro	fessional societies and	associations:		
	Society Society America	Name of y/Association of Actuaries on Academy of	Contact Name Greg Heidrich Mary Downs	Addre Society/As 475 N Marting 400, Schaumb 1850 M Stree	sociation gale Rd,Suite urg IL 60173 t NW, Suite	Telephone Number of Society/Association 847-706-3500
	<u>A</u>	ctuaries		30 Washington		
7.			n with the Applicant C , Underwriting & Adv			
8.	includi officer	ng present jobs, pos ships). Please list the	itions, partnerships, or e most recent first. Att	wner of an entity, adm	inistrator, manag f the space provi	ed or otherwise (up to and ger, operator, directorates or ded is insufficient. It is only years.
	See at	tachment for compl	ete listing of position	s held		
9.	a.	Have you ever bee	en in a position which	required a fidelity bond	1?	
		Yes No				
		If any claims were	made on the bond, gi	ve details: <u>N/A</u>		
	b.	Have you ever be revoked?	en denied an individu	ual or position schedu	le fidelity bond,	or had a bond canceled or
		Yes No	o X			
		If yes, give details	: <u>N/A</u>			
10.	or gove in the path of the lice numbers are rear representations.	ernmental licensing a past. For any non-ins ensing authority or re r is your Social Secu sonably identifiable ented by your SSN. f the space provided	agency or regulatory a urance regulatory issu egulatory body having urity Number (SSN) or as your SSN, then wr (For example, "SSN" is insufficient.	uthority or licensing a er, identify and provide jurisdiction over the litembeds your SSN or either SSN for that portion, "12-SSN-345" or "1	uthority that you to the name, addresse (s) issued. any sequence of the profess 234-SSN" (last of	urities) issued by any public presently hold or have held ess and telephone number of If your professional license more than five numbers that is fo digits)). Attach additional
Organ	ization/Is:	suer of License:		Address:	***************************************	
City:		State/Pro	ovince:	Country:	Po	stal Code:
Licen	se Type: _		License #:	Date Issu	ued (MM/YY): _	
Date I	Expired (N	ИМ/YY):	Reason for T	ermination:		
Non-I	nsurance l	Regulatory Phone Nu	umber (if known):			
Organ	nization/Is	suer of License:		Address:		
City:		State/Pro	ovince:	Country:	Pos	tal Code:

Applicant Company Name:The Penn Mutual Life Insurance Company	FEIN:	NAIC No. <u>67644</u> <u>23-0952300</u>
Dated and signed this day of OCTOBER 20 16 at 140 under penalty of perjury that I am acting on my own behalf and that the forego of my knowledge and belief.  (Signature of Affiant)  State of:  County of:  The foregoing instrument was acknowledged before me this day of 44 and:  Who is personally known to me, or	ong statem	ents are true and correct to the best
Who produced the following identification:  [SEAL]  COMMONWEALTH OF PENNSYLVANIA  Notarial Seal Marianne C. Bechtel, Notary Public Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	MAR	Notary Public  Notary Public  A S NE ( BECHTEL  Printed Notary Name  2 - 2 0 1  My Commission Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Raymond Caucci

Type of Supervisor/Contact	Insurance David O'Malley 215-956-8000	Insurance David O'Malley Company 215-956-8000	Insurance N/A Company	Insurance David O'Malley Company 215-956-8000	Software N/A	Software N/A	Insurance David O'Malley Company 215-956-8000	Non-profit Joe Horvath Insurance Guaranty Association	Insurance N/A Company
Office/Position   Ty Held   Bu	Executive Ins Team Member Cc	SVP, Product Ins Mgt, Underwriting & Advanced Markets		VP, Product Ins Mgt Cc	Director So	Director	VP & Life Ins Product Cc Actuary	Director No Institute of the As	various In Cc
Phone	215-956-8085	215-956-8085	215-956-8085	215-956-8085	215-956-8085	215-956-8085	215-956-8085	610-975-0572	215-956-8085
Address*	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road, Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	290 King of Prussia Road, Suite 218 Radnor, PA 19087	600 Dresher Road Horsham, PA 19044
Name	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	Longevity Insurance Company	The Penn Mutual Life Insurance Company	Leap Systems, LLC	PIA Reinsurance Company of Delaware I	The Penn Mutual Life Insurance Company	The Pennsylvania Life & Health Insurance Guaranty Association	The Penn Mutual Life Insurance Company
End Date	Present	Present	Present	6/2014	Present	Present	2/2009	Present	10/2007
Beginning Date	1/2015	6/2014	11/2015	2/2009	6/2014	12/2013	10/2007	9/2008	7/1986

\* USA unless otherwise noted

NAIC No. 67644	
FEIN: 23-0952300	

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

ove-named entity, I he		Main Administr 600 Dresher R Horsham, PA	oad
ove-named entity, I he		Horsham, PA	
pove-named entity, I he	14.04.711		
ove-named entity, I he		215 056 0000	19044
ove-named entity, I he		215-956-8000	
ch addendum or separate ONE," SO STATE.	rewith make represented if space he	esentations and supply ereon is insufficient to	information about myself a answer any question fully.) If
ne (Initials Not Acceptable	le): First: <u>Gregory</u>	Middle: <u>Joseph</u> Last	: <u>Driscoll</u>
citizen of the United Sta	ites?		
No			
citizen of any other cour	ntry?		
No X			
at country? N/A			
on or profession: <u>Insuran</u>	ce company inforn	nation technology profes	<u>ssional</u>
address: 600 Dresher Ro	ad, Horsham, PA 1	19044	
e: <u>215-956-8000</u>	Business Ema	ail: <u>Driscoll.Greg@penr</u>	mutual.com
ning:			
City/State		Dates Attended (MM/	YY) Degree Obtained
Philadelph	ia, PA	09/85 - 06/90	B.S. Information systems
College/University	City/State	Dates Attended (MM/	YY) <u>Degree Obtained</u>
St. Joseph's University	Philadelphia, PA	09/93 – 05/97	M.B.A
City/State	Dates Attended (	MM/YY)	Degree/Certification Obtained
	No N	No N	No X  nat country? N/A  on or profession: Insurance company information technology profes address: 600 Dresher Road, Horsham, PA 19044  e: 215-956-8000 Business Email: Driscoll.Greg@penr  ning:  City/State Dates Attended (MM/  Philadelphia, PA 09/85 – 06/90  College/University City/State Dates Attended (MM/  St. Joseph's University Philadelphia, PA 09/93 – 05/97

Supplemental Information.

applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit

6.	List of memberships in professional societies and associations:						
		ame of /Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association		
	None		AMOUNT OF THE PARTY OF THE PART	18000000			
	esent or ation Offi		the Applicant Con	npany: Senior Vice Presion	lent Service Operations and Chief		
8.	includir officers	ng present jobs, position thips). Please list the mo	s, partnerships, owne st recent first. Attach	er of an entity, administrato	mpensated or otherwise (up to and r, manager, operator, directorates or ce provided is insufficient. It is only t ten (10) years.		
	See att	achment for complete li	isting of positions he	<u>eld</u>			
9.	a.	Have you ever been in	a position which requ	uired a fidelity bond?			
		Yes No	X				
		If any claims were mad	le on the bond, give o	letails: <u>N/A</u>			
	b.	Have you ever been d revoked?	lenied an individual	or position schedule fidelit	y bond, or had a bond canceled or		
		Yes No	X				
		If yes, give details: N/A	<u>A</u>				
10.	List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.						
	FINRA S	Series 99 – Operational I	Professional / CRD# 2	2079089			
Organiz	cation/Iss	uer of License: FINRA		Address: <u>1735 K Street</u>			
City: W	ashingto	n State/Pro	vince: <u>D.C</u>	Country: <u>USA</u>	Postal Code: 20006		
License	Туре: <u>О</u>	perational Professional I	Exam (Series 99) L	icense #: <u>CRD# 2079089</u>	Date Issued (MM/YY): 09/12		
Date Ex	xpired (M	IM/YY): <u>N/A</u>	Reason for Termi	nation: <u>N/A</u>			
Non-In	surance F	Regulatory Phone Number	er (if known): <u>(301)</u> 5	90-6500			

NAIC No. 67644 FEIN: 23-0952300\_\_\_\_\_

11.		responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No X
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		Yes No X

	Attach a copy of the complaint and filed adjudication or settlement as appropriate.	
	<u>N/A</u>	
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. Term "control" (including the terms "controlling," "controlled by" and "under common control with") means possession, direct or indirect, of the power to direct or cause the direction of the management and policies of person, whether through the ownership of voting securities, by contract other than a commercial contract for good or non-management services, or otherwise, unless the power is the result of an official position with or corpor office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, control holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of a other person.	the of a oods orate rols,
	<u>None</u>	
	If any of the stock is pledged or hypothecated in any way, give details. N/A	
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficial or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurant regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person the directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common continuity, the person specified.	ince that
	Yes No X	
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more the outstanding voting securities.	e of
	<u>N/A</u>	
	If any of the shares of stock are pledged or hypothecated in any way, give details. $\underline{N/A}$	
14.	Have you ever been adjudged a bankrupt?	
	Yes No X	
	If yes, provide details: N/A	
15.	To your knowledge has any company or entity for which you were an officer or director, trustee, investme committee member, key management employee or controlling stockholder, had any of the following events occurred while you served in such capacity?	
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or government licensing agency?	ıtal-
	Yes No X	
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other.	ion,

If the response to any question above is yes, please provide details including dates, locations, disposition, etc.

Yes X

similar proceeding)?

No

NAIC No. 67644	
FEIN: 23-0952300	

c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of
	authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes	X	No	

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details on Q15b:

On 3/1/16, New Mexico temporarily revoked Longevity Insurance Company's license due to late renewal payment. Longevity Insurance Company's Certificate of Authority was reinstated on 4/7/16, effective 3/1/16.

### Details on Q15c: (The affiant was not directly involved with the issues noted below)

The Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$15,000 following a Market Conduct Examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Insurance and Annuity Company agreed to pay a fine of \$5,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

	3 day of Octaber 20 (		I hereby certify
under penalty of perjui	ry that I am acting on my own behalf and that	the foregoing statements are true	and correct to the best
of my knowledge and l	pelief. A		
(Signa)	ture of Affiant)		
Service State Stat	TO SERVICE STATE OF THE SERVICE STATE STATE OF THE		
State of:	County of: Artiful	Ly and	
The foregoing instrume	ent was acknowledged before me this	6 Hetaler 20 16 80/1	regary Viscall
and:			111
who is personally	known to me, or	,	
who produced the	following identification:		
		Advant	C Spektel
[SEAL]	COMMONWEALTH OF PENNSYLVANIA	MAKI ANNE	Public AFO HTEL
	Marianne C. Bechtel, Notary Public	Printed No.	otary Name
	Horsham Twp., Montgomery County	12-26-2	2017
	My Commission Expires Dec. 26, 2017	My Commis	ssion Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Gregory Driscoll

4.4					T					
Supervisor/Contact	David O'Malley 215-956-8000	David O'Malley 215-956-8000	David O'Malley 215-956-8000	Гепу Катеу	N/A	N/A	N/A	N/A	N/A	N/A
Type of Business	Insurance Company	Insurance	Insurance Company	Insurance	Insurance Company	Insurance Company	Software Company	Insurance	Insurance	Health Care
Office/Position Held	Senior Vice President, Service Operations	Senior Vice President, Chief Information Officer	Chief Information Officer	Vice President, Technology Architecture	Director	Director	Member, Board of Managers	Assistance Vice President, Technology Architecture	Assistance Vice President, Application Architecture and eBusiness Systems and Enterprise Architecture	Assistance Vice President,
Phone	215-956-8000	215-956-8000	215-956-8000	215-956-8000	215-956-7500	215-956-8000	215-956-8000	1-800-997- 1654	1-800-997- 1654	N/A
Address*	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	600 Dresher Road, Horsham PA 19044	1209 Orange Street, Wilmington, DE, 19801	600 Dresher Road, Horsham PA 19044	1601 Chestnut Street, Philadelphia, 19192	1601 Chestnut Street, Philadelphia, 19192	1701 Independence Mall W Ste L50, Philadelphia, PA 19106
Name	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	The Penn Mutual Life Insurance Company	Longevity Insurance Company	The Penn Insurance and Annuity Company	Leap Systems LLC	CIGNA/Intracorp	CIGNA/Intracorp	Oxford Healthcare
End Date	Present	Present	Present	3/2009	Present	Present	Present	6/2004	2/2002	7/1998
Beginning Date	1/2016	7/2014	3/2009	6/2004	11/2015	6/2014	6/2014	2/2002	7/1998	7/1997

	N/A
	Health Care
Application Architecture / eBusiness Systems and Enterprise Architecture	Assistance Vice President, Application Architecture / eBusiness Systems and Enterprise Architecture
	N/A
	100 Vanguard Blvd, Malvern, PA, 19355
	Vanguard Group of Insurance Companies
	7/1997
	6/1990

\* USA unless otherwise noted

Supplemental Information.

NAIC No. 67644 FEIN: 23-0952300

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	ame, address and ed (Do Not Use C	telephone number of the Group Names).	present or propose	d entity under whi	ch this biogra	phical statement is being
			enn Mutual Life I	nsurance Compan	Y	······································
	ory Home Office elphia, PA 19172			600 Dr	dministrative esher Road m, PA 19044 6-8000	
hereina	after set forth. (A	e above-named entity, I Attach addendum or separ "NONE," SO STATE.				
1.	Affiant's Full	Name (Initials Not Accept	able): First:_ <u>Jeffre</u>	y_Middle:( <u>N/A)</u>	Last: <u>Flei</u>	schman
2.	a. Are y	ou a citizen of the United	States?			
	Yes [	x No				
	b. Are y	ou a citizen of any other c	ountry?			
	Yes [	No x				
	If yes	, what country? <u>n/a</u>				
3.	Affiant's occup Member	pation or profession: Senic	or Vice President, (	Chief Marketing &	Digital Office	er and Executive Team
4.	Affiant's busin	ess address: 600 Dresher	Road Horsham, PA	19044		
	Business telepl	none: <u>215.956.8818</u>	Business Emai	l: <u>fleischman.jeffre</u>	ey@pennmutu	al.com
5.	Education and	training:				
	e/University se University	<u>City/State</u> Syracuse, N		<u>Dates Attended</u> 09/80 – 06/84	(MM/YY)	Degree Obtained Bachelor of Science
Gradua	ite Studies	College/University Hofstra University	City/State Hempstead, NY	<u>Dates Attended</u> 9/87 – 05/93		Degree Obtained s of Business Administration
Other T	Γraining: Name	City/State	Dates Attended	i (MM/YY)	Degree	Certification Obtained
Note:		ded a foreign school, plea				

6.			ofessional societies and a		£	Talankana Nambar				
		lame of //Association	Contact Name	<u>Addre</u> Society/As		<u>Telephone Number</u> of Society/Association				
	None									
	110110									
	***************************************									
7. Officer		t or proposed posi cutive Team Memb		Company: Senior	Vice Presider	nt, Chief Marketing & Digital				
8.	includi officers	ng present jobs, po ships). Please list th	sitions, partnerships, own	ner of an entity, adm ch additional pages i	ninistrator, man	usated or otherwise (up to and mager, operator, directorates or ovided is insufficient. It is only (10) years.				
See a	ttachmer	nt for complete list	ing of positions held							
9.	a. Have you ever been in a position which required a fidelity bond?									
	Yes No x									
	If any claims were made on the bond, give details: N/A									
	b.	Have you ever b revoked?	een denied an individua	l or position schedu	le fidelity bo	nd, or had a bond canceled or				
	Yes No x									
		If yes, give detail	s: <u>N/A</u>	· · · · · · · · · · · · · · · · · · ·						
10.	or gove in the p the lice number are rea represe pages i	ernmental licensing past. For any non-in ensing authority or it is your Social Secsonably identifiable ented by your SSN. If the space provided	agency or regulatory autorized autorized agency or regulatory issuer regulatory body having jurity Number (SSN) or eas your SSN, then write (For example, "SSN", it is insufficient.	thority or licensing a t, identify and provid arisdiction over the l imbeds your SSN or e SSN for that portion "12-SSN-345" or "1	uthority that ye the name, ac icense (s) issuany sequence on of the prof 234-SSN" (la	securities) issued by any public you presently hold or have held iddress and telephone number of ted. If your professional license of more than five numbers that ressional license number that is ast 6 digits)). Attach additional				
Organi	zation/Iss									
City: _		State/Pr	ovince:	Country:		Postal Code:				
Licens	е Туре: _		License #:	Date Iss	ued (MM/YY	):				
Date E	xpired (N	/м/YY):	Reason for Te	rmination:						

NAIC No. 67644 FEIN: 23-0952300

Organi	zatio	n/Issuer of License: N/A	Address:	
City: _		State/Province:	Country:	Postal Code:
License	е Тур	pe: License #	D	ate Issued (MM/YY):
Date E	xpire	d (MM/YY):	Reason for Termination:	
Non-In	suran	ace Regulatory Phone Number (if	known):	
11.		responding to the following, if the record was sealed or expunged, a		spunged, and the affiant has personally verified that to the question. Have you ever:
	a.	Been refused an occupation any public administrative, or		al license or permit by any regulatory authority, or ncy?
		Yes No x		
	b.	Had any occupational, profe any judicial, administrative,		e or permit you hold or have held, been subject to etion?
		Yes No x		
	c.	Been placed on probation or license or permit in any judi		or your occupational, professional, or vocational ry, or disciplinary action?
		Yes No x		
	d.	Been charged with, or indict	ed for, any criminal offense(	s) other than civil traffic offenses?
		Yes No x		
	e.	Pled guilty, or nolo conter offenses?	ndere, or been convicted of	f, any criminal offense(s) other than civil traffic
		Yes No x		
	f.			ed or suspended, had pronouncement of a sentence ation, for any criminal offense(s) other than civil
		Yes No x	,	
	g.	administrative, regulatory, or dis	ciplinary action, from violati ance, securities or banking	either temporarily or permanently, in any judicial, ng any federal, state law or law of another country, or from carrying out any particular practice or or banking?
		Yes No x		
	h.	Been, within the last ten (10) y financial dispute?	vears, a party to any civil a	action involving dishonesty, breach of trust, or a
		Yes X No		
	i.	Had a finding made by the Cor	nptroller of any state or the	Federal Government that you have violated any

provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated

any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

	Yes No x
	j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No x
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.  11 h. was a plaintiff in a lawsuit involving a financial dispute. The matter was the subject of a confidential
	settlement in early 2015.
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None
	If any of the stock is pledged or hypothecated in any way, give details. N/A
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
	Yes No x
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  N/A
	If any of the shares of stock are pledged or hypothecated in any way, give details.  N/A
14.	Have you ever been adjudged a bankrupt?
	Yes No x
	If yes, provide details: N/A

No

NAIC No. 67644 FEIN: 23-0952300

committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or governmentala. licensing agency? Yes No x Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected b. to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No Been placed on probation or had a fine levied against it or against its permit, license, or certificate of c.

authority in any civil, criminal, administrative, regulatory, or disciplinary action?

To your knowledge has any company or entity for which you were an officer or director, trustee, investment

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### **Details on Question 15b:**

Yes X

15.

On 3/1/16, New Mexico temporarily revoked Longevity's license due to late renewal payment. Longevity's Certificate of Authority was reinstated on 4/7/16, effective 3/1/16. The affiant was no directly involved.

**<u>Details on Question 15c.</u>**: (The affiant was not directly involved in the matters below)

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this	13 th day of October	at <u>Horsham, PA</u>	. I hereby certify
		half and that the foregoing statem	ents are true and correct to the best
of my knowledge and be	elief. are of Affiant)	_	
State of:  The foregoing instrumer and:  X who is personally k	•	this 13th day of Ittell 20	16 by Jeffrey Fleischma
who produced the fe	ollowing identification:		
[SEAL]	COMMONWEALTH OF PENNSYLVA  Notarial Seal  Marianne C. Bechtel, Notary Pub Horsham Twp., Montgomery Cou My Commission Expires Dec. 26, 26  MEMBER, PENNSYLVANIA ASSOCIATION OF NOT	olic MARI nty 2017	Notary Public SECHTEL  Printed Notary Name  A G - G O O  My Commission Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Jeffrey Fleischman

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
4/2015	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8818	Senior Vice President, Chief Marketing & Digital Officer and Executive Team Member	Insurance	Eileen McDonnell 215-956-8000
11/2015	Present	Longevity Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8818	Director	Insurance	Eileen McDonnell 215-956-8000
2/2014	3/2015	Clear Choice Transitions	1070 State Road 34 Suite H, Matawan, NJ, 07747	732-851-5047	Owner	Move Management & Packaging	N/A
6/2011	3/2015	Blue Panda Interactive	811 Turquoise Trail, Morganville, NJ, 07751	732-946-2835	Owner	Marketing Consulting	N/A
5/2009	5/2011	TIAA-CREF	730 3rd Avenue, New York, NY, 10017	212-490-9000	Chief Digital Officer	Retirement & Insurance	Connie Weaver
9/2007	4/2009	Citigroup	153 East 53rd Street, New York, NY, 10022	800-374-9700	EVP Customer Experience	Banking	Amy Radin
5/2006	8/2007	Monster Worldwide	5 Clock Tower Place, Maynard, MA, 01754	978-461-8000	SVP eBusiness	Recruitment	Brad Baker
10/1996	5/2006	American Express	200 Vesey Street, New York, NY, 10285	800-528-4800	IBL, US Interactive Group	Credit Cards	Richard Quigley
3/1996	10/1996	Advanta	Gibraltar Road, Horsham, PA, 19044		Director Finance	Credit Cards	N/A
	A 211 *	* USA unless otherwise noted				7	

\* USA unless otherwise noted

## **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

## (Print or Type)

			lephone number of the pup Names)	present or propos	ed entity under which th	nis biographi	ical statement is being
1				nn Mutual Life	Insurance Company		
Philad In cor	elphia, P	with the a	above-named entity, I	herewith make	600 Dreshe Horsham, P 215-956-80 representations and sup	r Road A 19044 00 ply informa	tion about myself as
			none," so state.	ate sneet it spac	e hereon is insufficient	to answer a	ny question fully.) IF
1.	Affian	t's Full Na	me (Initials Not Accepta	able): First: <u>Alida</u>	Middle: Milligan La	st: Moose	
2.	a.	Are you	a citizen of the United	States?			
		Yes Z	X No .				
	b.	Are you	a citizen of any other co	ountry?			
	٠	Yes	No X				
		If yes, w	hat country? N/A				
3.	Affian	t's occupat	ion or profession: Senic	or Vice President	and Chief Human Resou	rces Officer	
4.	Affian	t's busines	s address: 600 Dresher I	Road, Horsham, I	A 19044		
	Busine	ess telephor	ne: <u>215-956-8759</u>	Business	Email: <u>Moose.Alida@pe</u>	nnmutual.co	<u>om</u>
5.	Educa	tion and tra	ining:				
Colleg	e/Univer	sity	City/State	2	Dates Attended (MI	M/YY)	Degree Obtained
	and Elkir s Univer		Elkins, V New Bri	WVA unswick, NJ	09/67 - 06/70 09/70 - 06/72	Bachelor	N/A of Arts (Psychology)
<u>Gradua</u>	ate Studio	<u>es</u>	College/University	City/State	Dates Attended (MI	M/YY)	Degree Obtained
Organi	izational	Dynamics	University of Pennsylv University of Pennsylv pment The George Was	ania Phila,PA	Grad 2003 Grad 2004 y, Wash, DC 2007-2012		Masters of Science Masters of Philosophy Octorate of Education
Other '	Training	Name	City/State	Dates Attend	ed (MM/YY)	Degree/C	ertification Obtained
		ute of Ame	erica Phila, PA	Obtained Jun		Insurance	2
LOM A Myers		Type Indica	online tor Phila, PA	Obtained Sep Obtained Jun		<u>ACS</u> <u>CAPT</u>	

NAIC No. 68446 FEIN: 75-1222043

Wharton

Phila, PA

Obtained March 2010

Certificate of Professtion Development

Note:

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

NAIC No. 67644 FEIN: 23-0952300

6. List of memberships in professional societies and associations:

Name of		Address of	Telephone Number
Society/Association	Contact Name	Society/Association	of Society/Association
		Mailing Address:	
SHRM		1800 Duke Street,	
	Member Care	Alexandria, VA, 22314	800-283-7476
		625 North Washington	
SOCAP International		Street, Suite 304	
	Christina Thomas	Alexandria, VA, 22314	703-519-3700
Academy of		PO BOX 3020, Briarcliff	
Management	Kerry Ignatz	Manor, NY, 10510-8020	914-944-2972

- 7. Present or proposed position with the Applicant Company: Senior Vice President & Chief Human Resources Officer
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

## See attachment for complete listing of positions held

	see att	achinent for complete fisting of posi	tions neid	
9.	a.	Have you ever been in a position when	hich required a fidelity bond?	
		Yes No X		
		If any claims were made on the bon	d, give details: N/A	
	b.	Have you ever been denied an indrevoked?	lividual or position schedule t	fidelity bond, or had a bond canceled or
		Yes No X		
		If yes, give details: N/A		
10.	or gove in the p the lice number are reas	ernmental licensing agency or regulater ast. For any non-insurance regulatory unsing authority or regulatory body have is your Social Security Number (SSI sonably identifiable as your SSN, the	ory authority or licensing authorissuer, identify and provide the ving jurisdiction over the licenty) or embeds your SSN or anyon write SSN for that portion of	ses to sell securities) issued by any public ority that you presently hold or have held he name, address and telephone number of hise (s) issued. If your professional license is sequence of more than five numbers that of the professional license number that is 4-SSN" (last 6 digits)). Attach additional
Organi	zation/Iss	uer of License:	Address:	
City: _		State/Province:	Country:	Postal Code:
License	е Туре:	License #:	Date Issued	1 (MM/YY):
Date E	xpired (M	IM/YY): Reason :	for Termination:	
Non-In	surance F	Regulatory Phone Number (if known):		

11.		responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No X
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		Yes No X

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No X

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No X

If yes, provide details: N/A

- 15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
  - a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No X

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No X

c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of
	authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### **Details on Question 15b:**

### **Details on Question 15c.:** The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

The Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$15,000 following a Market Conduct Examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

of my knowledge and bel	that I am acting on my own behalf a ief.  A Sylvanian of OCTOBER 2	20 <u>  Louing at HOLSHAW</u> nd that the foregoing sta	Λ Interest the second contemporary and contemporar	hereby certify rrect to the best
and:	County of: Months was acknowledged before me this	thery of fitcher	,20 <u>16</u> by Hida	April
who is personally known	own to me, or			
who produced the fol	lowing identification:		·	
	COMMONWEALTH OF PENNSYLVANIA  Notarial Seal  Marlanne C. Bechtel, Notary Public Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	M	Notary Rublic ARIANNE (C. C. Printed Notary	DE CHIEL  ame

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Alida Moose

Beginning		,	7	Phone	Office/Position Held	Type of	
Date	Date	Name	Address⁺			Business	Supervisor/Contact
2/2014	Present	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Senior Vice President and Chief Human Resources Officer	Insurance	Eileen McDonnell 215-956-8000
5/2006	2/2014	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Vice President, Producer and Client Services	Insurance Company	David O'Malley 215-956-8000
7/2001	5/2006	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Vice President, Life and Annuity Services	Insurance Company	David O'Malley 215-956-8000
1/2001	7/2001	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Assistant Vice President, Life and Annuity Services	Insurance Company	John Albanese
4/1999	1/2001	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Customer Service Director Call Center	Insurance Company	John Albanese
9/1995	8661/9	Lincoln Financial	350 Church Street, Hartford CT, 06156		Director of Client Services	Financial Services	N/A
	7 1 X	* T T C A 1					

\* USA unless otherwise noted

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	e, address and (Do Not Use G	telephone number of the proup Names)	present or proposed	l entity under which th	ıis biographi	cal statement is being
The Penn	Mutual Life Ir	nsurance Company				
600 Dresl	her Road, Hors	ham, PA 19044				
215-956-	8000					
hereinafte	er set forth. (A	above-named entity, I lattach addendum or separa "NONE," SO STATE.				
1.	Affiant's Full N	Name (Initials Not Accepta	able): First: <u>Nina</u>	Middle: <u>Marie</u> Last: <u>N</u>	<u>Aulrooney</u>	
2.	a. Are yo	ou a citizen of the United S	States?			
	Yes [	X No				
1	b. Are yo	ou a citizen of any other co	ountry?			
	Yes [	No X				
	If yes,	what country? N/A				
3.	Affiant's occup	oation or profession: Execu	<u>ıtive</u>			
4.	Affiant's busin	ess address: 600 Dresher I	Road, Horsham, PA	19044		
]	Business teleph	none: <u>215-956-8100</u>	Business Er	nail: <u>Mulrooney.Nina(</u>	@pennmutua	ıl.com
5. 1	Education and	training:				
College/U	<u>Jniversity</u>	City/State	2	Dates Attended (MI	M/YY)	Degree Obtained
Immacula	ata University	Immacula	ita, PA	07/72 – 05/76	BA – Ec	onomics and Business
Graduate	Studies	College/University	City/State	Dates Attended (M	M/YY)	Degree Obtained
		Widner University	Chester, PA	05/80 - 12/85		MBA
Other Tra	nining: Name	City/State	Dates Attended	l (MM/YY)	Degree/C	Certification Obtained
	ife Manageme l Life Underwr		of Financial Service	1984 es 2004		FMLI CLU

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

NAIC No. 67644 FEIN: 23-0952300

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Insurance Internal Audit Group (IIAG)	Melissa Hoover	305 N 3 <sup>rd</sup> Street, Halifax, PA 17032	717-896-8035
rudit Group (III/G)	171011504 1100 701	247 Maitland Avenue,	777 05 0 0000
The Institute of		Altamonte Springs, FL	
Internal Auditors	Eugene J O'Neill	32710-4201	407-937-1100
American Institute of Certified Public Accountants	Peg McIntyre	220 Lehigh Farm Road, Durham, NC 27707	888-777-7077

- 7. Present or proposed position with the Applicant Company: Senior Vice President and General Auditor
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attachment for complete listing of positions held

9.	a.	Have you ever been in a position which required a fidelity bond?
		Yes No X
		If any claims were made on the bond, give details: <u>N/A</u>
	b.	Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
		Yes No X
		If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

FINRA Registered Representative, Series 7 FINRA Registered Principal, Series 24 Certified Public Accountant

Organization/Issuer of License: FINRA Address: 1735 K Street

City: Washington State/Province: D.C. Country: U.S.A. Postal Code: 20006

License Type: FINRA registrations Series 7 License #:1052340 Date Issued (MM/YY): 09/82

Date Expired (MM/YY):  $\underline{N/A}$  Reason for Termination:  $\underline{N/A}$ 

Non-Insurance Regulatory Phone Number (if known): (301) 590-6500

Organization	Missuer of License: Finka Address: 1/33 K Street
City: Washi	ngton State/Province: <u>D.C.</u> Country: <u>U.S.A.</u> Postal Code: <u>20006</u>
License Typ	e: <u>FINRA registrations Series 24</u> License #: <u>1052340</u> Date Issued (MM/YY): <u>11/01</u>
Date Expire	d (MM/YY): <u>N/A</u> Reason for Termination: <u>N/A</u>
Non-Insuran	ice Regulatory Phone Number (if known): (301) 590-6500
Organization Affairs P.O.	n/Issuer of License: <u>Pennsylvania Department of State</u> Address: <u>Bureau of Professional and Occupational Box 2649</u>
City: <u>Harrisl</u>	ourg State/Province: Pennsylvania Country: U.S.A. Postal Code: 17105-2649
License Typ	e: <u>Certified Public Accountant</u> License #: <u>CA030373L</u> Date Issued (MM/YY): <u>04/92</u>
Date Expired	d (MM/YY): <u>N/A</u> Reason for Termination: <u>N/A</u>
Non-Insuran	ce Regulatory Phone Number (if known): (717) 787-8503
	esponding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
	Yes No X
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial,

practices in the course of the business of insurance, securities or banking?

administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or

	Yes No X	
	h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, bro- financial dispute?	each of trust, or a
	Yes No X	
	i. Had a finding made by the Comptroller of any state or the Federal Government that you provisions of small loan laws, banking or trust company laws, or credit union laws, or that any rule or regulation lawfully made by the Comptroller of any state or the Federal Government.	you have violated
	Yes No X	
	j. Had a lien or foreclosure action filed against you or any entity while you were associated with	that entity?
	Yes No X	
	If the response to any question above is yes, please provide details including dates, location Attach a copy of the complaint and filed adjudication or settlement as appropriate.	s, disposition, etc
	<u>N/A</u>	
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly term "control" (including the terms "controlling," "controlled by" and "under common control possession, direct or indirect, of the power to direct or cause the direction of the management person, whether through the ownership of voting securities, by contract other than a commercial or non-management services, or otherwise, unless the power is the result of an official position office held by the person. Control shall be presumed to exist if any person, directly or indirectly holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the votin other person.	with") means the and policies of a contract for goods with or corporate y, owns, controls
	None	
	If any of the stock is pledged or hypothecated in any way, give details. N/A	
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under with, the person specified.	n by an insurance on, is a person that
	Yes No X	
	If yes, please identify the company or companies in which the cumulative stock holdings represent the outstanding voting securities.	nt 10% or more of
	<u>N/A</u>	
	If any of the shares of stock are pledged or hypothecated in any way, give details.	
	<u>N/A</u>	
14.	Have you ever been adjudged a bankrupt?	
	Yes No X	
	If yes, provide details: N/A	
©2016	5 National Association of Insurance Commissioners 4	FORM 11

Applicant Company Name: The Penn Mutual Life Insurance Company

C	o your knowledge has any company or entity for which you were an officer or director, trustee, investment ommittee member, key management employee or controlling stockholder, had any of the following events occur hile you served in such capacity?
a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X
b	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes No X
c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
	Yes X No

### Details for Q15c. The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

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The Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$15,000 following a Market Conduct Examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

NAIC No. 67644 FEIN: 23-0952300

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Nina Mulrooney

Beginning I Date I	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8100	SVP & General Auditor		Eileen McDonnell 215-956-8000
, ,	4/06	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		General Auditor & SVP, Market Conduct	Insurance	Robert Chappell
. –	66/9	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		General Auditor	Insurance	
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<sup>\*</sup> USA unless otherwise noted

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

				d entity under which this bio	
		Penn M	Iutual Life Insura	nnce Company	
Statu	tory Home Office				ve Office
600 Di	resher Road				
	am, PA 19044				)44
	56-8000		1	215-956-8000	C .: 1 . 1C
hereina	after set forth. (A			presentations and supply in hereon is insufficient to ans	
1.	Affiant's Full N	Jame (Initials Not Accepta	able): First: <u>Kevin</u>	Middle:_ <u>Terence</u>	Last:_ <u>Reynolds</u>
2.	a. Are yo	ou a citizen of the United S	States?		
	Yes	X No			
	b. Are yo	ou a citizen of any other co	ountry?		
	Yes	No X			
	If yes,	what country? N/A			
3.	Affiant's occup	ation or profession: Attor	ney, Chief Legal C	Officer	
<b>1</b> .	Affiant's busine	ess address: 600 Dresher I	Road Horsham PA	, 19044	
	Business teleph	one: <u>215-956-8989</u>	Business	Email: <u>Reynolds.Kevin@pe</u>	ennmutual.com_
5.	Education and t	raining:			
Colleg	e/University	City/State	2	Dates Attended (MM/YY	Degree Obtained
Cathed	dral College	Douglas	ton, NY	9/76 - 6/80	BA
<u>Gradu</u> :	ate Studies	College/University	City/State	Dates Attended (MM/YY	Degree Obtained
		St. John's University	Jamaica, NY	2/83 – 6/85	JD
Other '	Training: Name	City/State	Dates Attende	d (MM/YY) De	gree/Certification Obtained
None					

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

NAIC No. 67644 FEIN: 23-0952300

6.	List of	f memberships in pro	ofessional societies and as	ssociations:	
		Name of y/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
7.	Preser	nt or proposed position	on with the Applicant Con	mpany:	
8.	includ officer	ing present jobs, pos rships). Please list th	sitions, partnerships, own te most recent first. Attac	enty (20) years, whether competer of an entity, administrator, me hadditional pages if the space pasory information for the past ten	anager, operator, directorates or rovided is insufficient. It is only
	See at	tachment for comp	lete listing of positions h	neld	
9.	a.		en in a position which red	quired a fidelity bond?	
				details: NONE	
	b.	Have you ever be revoked?	een denied an individual	or position schedule fidelity be	ond, or had a bond canceled or
			o X s: N/A		
10.	or gov in the the lic number are rea	past. For any non-ingensing authority or rear is your Social Sections and by identifiable ented by your SSN. if the space provided	agency or regulatory autisurance regulatory issuer, regulatory body having juurity Number (SSN) or ensay your SSN, then write (For example, "SSN", "It is insufficient.	icenses (including licenses to sell hority or licensing authority that identify and provide the name, a trisdiction over the license (s) issumbeds your SSN or any sequence SSN for that portion of the provide the provided in the provided i	you presently hold or have held address and telephone number of ued. If your professional license e of more than five numbers that ofessional license number that is last 6 digits)). Attach additional
Organ	ization/ls			Address: 601 Commonwealth	
City:_l	Harrisbur	g State/Pr	ovince: <u>PA</u>	Country: <u>USA</u>	Postal Code: <u>17106</u>
Licens	se Type: ]	Law	License #: 310958	Date Issued (MM/Y)	Y): <u>7/11</u>
Date I	Expired (1	MM/YY): <u>N/A</u>	Reason for Ter	mination: N/A	

Non-Insurance	ce Regulatory Pho	ne Number (if known):		
Organization	/Issuer of License:	Supreme Court of New J	ersey Address P.O. Box 9	<u>81</u>
City: Trenton	<u>1</u> Stat	e/Province: <u>NJ</u>	Country: <u>USA</u>	Postal Code: <u>08625</u>
License Type	e: <u>Law</u>	License #: 02767199	Date Issued	1 (MM/YY): <u>12/90</u>
Date Expired	I (MM/YY): <u>N/A</u>	Reason for	Termination: N/A	
Non-Insurance	ce Regulatory Pho	ne Number (if known): _		
Organization	/Issuer of License:	Supreme Court of New Y	York, Second Department	_ Address P.O. <u>45 Monroe Place</u>
City: Brookly	yn Stat	e/Province: <u>NY</u>	Country: <u>USA</u>	Postal Code: 11201
License Type	e: <u>Law</u>	License #: 2029643	Date Issued	1 (MM/YY): <u>2/86</u>
Date Expired	(MM/YY): <u>N/A</u>	Reason for	Termination: N/A	
Non-Insurance	ce Regulatory Phor	ne Number (if known):	2000 a	
the ra.	Been refused any public ad  Yes  Had any occurany judicial, a	or expunged, an affiant mean occupational, professiministrative, or government of X  upational, professional, or administrative, regulatory  No X	ay respond "no" to the questional, or vocational license ental licensing agency?  To vocational license or permander or disciplinary action?	or permit by any regulatory authority, or not permit by any regulatory authority, and results are not permit by any regulatory authority, and results are not permit by any regulatory authority and results are not permit by any regulatory authority.
c.			levied against you or your istrative, regulatory, or dis	occupational, professional, or vocational ciplinary action?
d.	Been charged	with, or indicted for, any	criminal offense(s) other t	han civil traffic offenses?
	Yes	No X		
e.	offenses?		oeen convicted of, any cr	iminal offense(s) other than civil traffic
f.		r been pardoned, fined, o		pended, had pronouncement of a sentence r any criminal offense(s) other than civil

	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.  N/A
terr pos per or r offi hol	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The n "control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a son, whether through the ownership of voting securities, by contract other than a commercial contract for goods non-management services, or otherwise, unless the power is the result of an official position with or corporate ce held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls dis with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any ter person. N/A
	ny of the stock is pledged or hypothecated in any way, give details
or o	[Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that extly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control h, the person specified.
Ye	s No X
	res, please identify the company or companies in which the cumulative stock holdings represent 10% or more of outstanding voting securities.

12.

13.

Have	you ever been adjudged a bankrupt?
Yes	No X
If yes	, provide details: <u>N/A</u>
comn	our knowledge has any company or entity for which you were an officer or director, trustee, inves nittee member, key management employee or controlling stockholder, had any of the following events you served in such capacity?
a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governm licensing agency?
	Yes No X
b.	Yes No X  Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subto any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)?
b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subto any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any
b. с.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subto any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)?

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Question 15c: The affiant was not directly involved in the matters noted below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 related to the non-delivery of certain notifications surrounding the issuance of new policies.

I served as an officer of The Guardian Life Insurance Company of America from 1992 – 1994 and from 1995-2011, serving in various positions in Guardian's Law Department. During my time as an officer at Guardian, the Company from time to time was the subject of fines and/or assessments by insurance departments and other government entities. Therefore, with respect to Guardian, my response is YES to that portion of Question 15(c) which inquires regarding fines. Given my long

NAIC No. 67644 FEIN: 23-0952300

tenure at Guardian, I am unable to list every matter that may be contemplated by Question 15(c), nor do I have personal knowledge of each matter. During my time as an officer of Guardian, none of the referenced fines affected the solvency of Guardian or, to my knowledge, the continues ability of Guardian to perform its business activities in any material respect.

Dated and signed this 13TH day of OCTOBER 20 16 at 1 under penalty of perjury that I am acting on my own behalf and that the fore of my knowledge and belief.  (Signature of Affiant)	dorsham, PA
State of: A County of: A County of: The foregoing instrument was acknowledged before me this A day of A and:  X who is personally known to me, or	table 2016 by Kevin Reynalds
who produced the following identification:	
[SEAL]  COMMONWEALTH OF PENNSYLVANIA  Notarial Seal  Marlanne C. Bechtel, Notary Public  Horsham Twp., Montgomery County  My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	MARIANE C. DECHTEL  Printed Notary Name  12 26 201  My Commission Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Kevin Reynolds

			 		 	 		1			 1
Supervisor/Contact	Eileen McDonnell 215-956-8000	Tracy Rich									
Type of Business	Insurance	Insurance									
Office/Position Held	Chief Legal Officer	Chief Compliance Officer									
Phone	215-956-8989										
Address*	600 Dresher Road Horsham, PA 19044	7 Hanover Square New York, NY 10004									
Name	The Penn Mutual Life Insurance Company	Guardian Life Insurance Company of America									* USA unless otherwise noted
End	Present	7/2011									* USA
Beginning Date	8/2011	7/1995					:		-		

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	me, address and d (Do Not Use G	•	oresent or propos	ed entity under which this bi	ographical statement is being
<u> </u>		The Pe	nn Mutual Life l	nsurance Company	
Statuto	ry Home Office	<b>.</b>		Main Administra	ative Office
	lphia, PA 19172			600 Dresher Roa	
				Horsham, PA 19	044
					nformation about myself as iswer any question fully.) IF
		"NONE," SO STATE.	•		, ,
1.	Affiant's Full 1	Name (Initials Not Accepta	able): First: Jay	Middle: T Last: <u>Lewellen</u>	
2.	a. Are y	ou a citizen of the United S	States?		
	Yes	X No			
	b. Are ye	ou a citizen of any other co	ountry?		
	Yes	No X			
	If yes	, what country? N/A			
3.	Affiant's occup	pation or profession: Actua	ary		
4.	Affiant's busin	ess address: 600 Dresher I	Road, Horsham, F	'A 19044	
	Business telepl	hone: <u>215-956-8877</u>	Business 1	Email: <u>Lewellen.Jay@pennm</u>	utual.com
5.	Education and	training:			
College	/University	City/State	2	Dates Attended (MM/YY	<u>Degree Obtained</u>
Univers	sity of Nebraska	Lincoln, 1	NE	01/81 - 05/85	BS – Actuarial Science
Gradua	te Studies	College/University	City/State	Dates Attended (MM/Y)	Degree Obtained
None					
Other T	raining: Name	<u>City/State</u>	Dates Attend	ed (MM/YY) De	egree/Certification Obtained
None					
Note:		ovide the foreign student l			r of the college/university. If n the Biographical Affidavit

Applicant Company Name: The Penn Mutual Life Insurance Company NAIC No. 67644 FEIN: 23-0952300 6. List of memberships in professional societies and associations: Address of Telephone Number Name of Society/Association Contact Name Society/Association of Society/Association 475 Martingale Road, Suite Society of Actuaries 600, Shamburg IL, 60173 847-706-3500 American Academy of 1850 M Street, NW Suite Actuaries 300, Washington, DC 20036 202-223-8196 7. Present or proposed position with the Applicant Company: Vice President and Chief Actuary 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See attachment for complete listing of positions held 9. a. Have you ever been in a position which required a fidelity bond? No Yes If any claims were made on the bond, give details: N/A Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or b. revoked? Yes No If yes, give details: N/A 10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient. None

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, o any public administrative, or governmental licensing agency?
	Yes No X
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civit traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	N/A

12.	possess person, or non- office I holds v	y entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a whether through the ownership of voting securities, by contract other than a commercial contract for goods management services, or otherwise, unless the power is the result of an official position with or corporate neld by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any erson.						
	None							
	If any o	of the stock is pledged or hypothecated in any way, give details. N/A						
13.	or of regulate directly	[11] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially ecord, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that r, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control e person specified.						
	Yes [	Yes No X						
		If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.						
	N/A							
	If any o	f the shares of stock are pledged or hypothecated in any way, give details.						
14.	Have ye	ou ever been adjudged a bankrupt?						
	Yes [	No X						
	If yes, p	provide details: <u>N/A</u>						
15.	commit	r knowledge has any company or entity for which you were an officer or director, trustee, investment tee member, key management employee or controlling stockholder, had any of the following events occur ou served in such capacity?						
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?						
		Yes No X						
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?						
		Yes No X						
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?						
		Yes X No						

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

### Details for Question 15c: The affiant was not directly involved in the issues below.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

The Penn Insurance and Annuity Company agreed to pay a fine of \$3,000 to the State of Connecticut Insurance Department in December 2013 following a Market Conduct Examination covering the year 2011 related to certain producers acting as agents without the required appointments.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Insurance and Annuity Company agreed to pay a fine of \$5,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

NAIC No. 67644 FEIN: 23-0952300

Applian II. Happia	
Dated and signed this the day of October ,2014 at 1088hAn	. I hereby certify under penalty
of perjury that I am acting on my own behalf and that the foregoing statements	s are true and correct to the best of my
knowledge and belief.	
(Signature of Affiant)	
State of: PA County of: Maynery	
The foregoing instrument was acknowledged before me this May of What	ober 2016 by Jay Hwellin
and:	$\Lambda\Lambda\Lambda$
$\chi$ who is personally known to me, or	00
who produced the following identification:	·
[SEAL]  COMMONWEALTH OF PENNSYLVANIA  Notarial Seal  Marianne C. Bechtel, Notary Public  Horsham Twp., Montgomery County  My Commission Expires Dec. 26, 2017  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	MARIAN DECHTEL  Printed Notary Name  12-26-201  My Commission Expires
	111) Commission Lypn Co

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Jay Lewellen

Beginning	End			Phone	Office/Position	Type of	
Date	Date	Name	Address*		Held	Business	Supervisor/Contact
3/13	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8877	VP & Chief Actuary	Insurance	Susan Deakins 215-956-8080
12/13	Present	PIA Reinsurance	1201 North Market Street, Suite 500	215-956-8877	VP & Chief	Insurance	Susan Deakins
		Company of Delaware I	Wilmington, DE 19801-1175		Actuary		215-956-8080
	Present	The Penn Insurance & Annuity Company	1209 Orange Street Wilmington DE	215-956-8877	VP & Chief	Insurance	Susan Deakins
7/12	2/13	The Penn Mutual Life	600 Dresher Road Horsham, PA	215-956-8877	VP & Actuary	Insurance	Raymond Caucci
		Insurance Company	19044				215-956-8085
1/07	7/12	The Penn Mutual Life	600 Dresher Road Horsham, PA	215-956-8877	AVP &	Insurance	Raymond Caucci
		Insurance Company	19044		Actuary		215-956-8085
1/02	1/07	The Penn Mutual Life	600 Dresher Road Horsham, PA	215-956-8877	Associate	Insurance	Raymond Caucci
		Insurance Company	19044		Actuary		215-956-8085
1/92	1/07	The Penn Mutual Life	600 Dresher Road Horsham, PA	215-956-8877	Actuarial	Insurance	Susan Deakins
		Insurance Company	19044		Manager		215-956-8080
	-						
	* USA	* USA unless otherwise noted					

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

### (Print or Type)

	name, address and te		present or proposed	entity under which this bid	ographical statement is being
		The Per	ın Mutual Life In	surance Company	
Statu	itory Home Office			Main Administra	tive Office
	Oresher Road	•		600 Dresher Roa	
	nam, PA 19044			Horsham, PA 19	044
215-	956-8000			215-956-8000	
herei	nafter set forth. (Att	above-named entity, I lack addendum or separa NONE," SO STATE.	nerewith make reparte sheet if space	presentations and supply in the supply in th	nformation about myself a swer any question fully.) Il
1.	Affiant's Full Na	me (Initials Not Accepta	ıble): First: <u>Frankli</u>	n Middle: <u>Luther</u> Last: <u>B</u>	est
2.	a. Are you	a citizen of the United S	States?		
	Yes	X No			
	b. Are you	a citizen of any other co	ountry?		
	Yes	No X			
	If yes, v	what country? N/A			
3.	Affiant's occupa	tion or profession: Lawy	er/ Executive		
4.	Affiant's busines	ss address: 600 Dresher F	Road, Horsham, PA	. 19044	
	Business telepho	ne: <u>215-956-7754</u>	Business Er	nail: <u>Best.Franklin@pennm</u>	utual.com
5.	Education and tra	aining:			
Colle	ge/University	City/State		Dates Attended (MM/Y)	<u>O</u> Degree Obtained
Yale	University	New Hav	en, CT	09/63 - 06/67	B.A.
<u>Grad</u>	uate Studies	College/University	City/State	Dates Attended (MM/Y)	/) Degree Obtained
	University of Penns	ylvania Law School	Philadelphia, P	A 09/67 – 06/70	J.D.
<u>Othe</u>	r Training: Name	<u>City/State</u>	Dates Attended	(MM/YY) De	egree/Certification Obtained
Colu	mbia Business Schoo	ol New York, NY	06/94		None – Executive Program

NAIC No. 67644 FEIN: 23-0952300

Note:

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
American Bar Association	Hank White	51 North Fairbanks Ct., Chicago, IL 60611-3314	800-285-2221
		1101 Market Street, 11 <sup>th</sup>	
Philadelphia Bar		Floor, Philadelphia, PA	
Association	Kenneth Shear	19103	215-238-6300

- 7. Present or proposed position with the Applicant Company: VP, General Counsel and Secretary
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attachment for complete listing of positions held

9.	a.	Have you ever been in a position which required a fidelity bond?
		Yes No X
		If any claims were made on the bond, give details: <u>N/A</u>
	b.	Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
		Yes No X
		If yes, give details: <u>N/A</u>

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Licensed as Attorney at Law

Organization/Issuer of License: Supreme Court of Pennsypvania Address: PO Box 406

City: Camp Hill State/Province: Pennsylvania

Country: USA

Postal Code: 17001-0046

License Type: Attorney's

License #:02644

Date Issued (MM/YY): 12/70

Date Expired (MM/YY): N/A

Reason for Termination: Still Active

Non-Insurance Regulatory Phone Number (if known): (717) 795-2139

11.		responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No X
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		Yes No X
		If the response to any question above is yes, please provide details including dates, locations, disposition, etc.

Attach a copy of the complaint and filed adjudication or settlement as appropriate.

1	V/	Δ

12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The									
12.	term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of person, whether through the ownership of voting securities, by contract other than a commercial contract for good or non-management services, or otherwise, unless the power is the result of an official position with or corpora office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, control holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of an other person.									
	<u>None</u>									
	If any of the stock is pledged or hypothecated in any way, give details. N/A									
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficial or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person the directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.									
	Yes No X									
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.									
	<u>N/A</u>									
	If any of the shares of stock are pledged or hypothecated in any way, give details.									
	<u>N/A</u>									
14.	Have you ever been adjudged a bankrupt?									
	Yes No X									
	If yes, provide details: N/A									
15.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?									
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?									
	Yes No X									
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjecte to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?									
	Yes X No No									

c.

authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Been placed on probation or had a fine levied against it or against its permit, license, or certificate of

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Yes X No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

**<u>Details on Q15b:</u>** The affiant was not directly involved in the matters noted below.

Missouri revoked HTK's certificate of authority in 1999 for failure to file an annual report.

Utah revoked HTK's certificate of authority on January 18, 2002 for failure to file an annual report.

Arizona revoked HTK's certificate of authority on January 20, 2002 for failure to file an annual report.

Colorado revoked HTK's certificate of authority on May 1, 2002 for failure to file an annual report.

Wyoming revoked HTK's certificate of authority on August 14, 2002 for failure to file an annual report.

Kansas revoked HTK's certificate of authority on April 15, 2007 for failure to file an annual report.

On 3/1/16, New Mexico temporarily revoked Longevity Insurance Company's license due to late renewal payment. Longevity Insurance Company's Certificate of Authority was reinstated on 4/7/16, effective 3/1/16. The affiant did not have any direct involvement.

**Details on Q15c:** The affiant was not directly involved in the matters noted below.

The Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$15,000 following a Market Conduct Examination.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

The Penn Mutual Life Insurance Company agreed to pay an administrative penalty of \$10,400 to the Maryland Insurance Administration in December 2015 following an examination.

The Penn Insurance and Annuity Company agreed to pay a fine of \$3,000 to the State of Connecticut Insurance Department in December 2013 following a Market Conduct Examination covering the year 2011 related to certain producers acting as agents without the required appointments.

The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Insurance and Annuity Company agreed to pay a fine of \$5,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified during the examination.

Montana fined HTK \$1,000 on August 16, 2001 for employing unregistered investment advisers in the state.

Without admitting or denying the allegations, HTK agreed to pay Florida a settlement of \$25,000 on July 23, 2002, to resolve allegations that HTK had operated locations in the state without registration.

HTK agreed to pay Connecticut an administrative fine of \$7,500 on June 6, 2003, as a settlement of a contested case in which Connecticut alleged that HTK had transacted business from locations in the state prior to their being registered as branch offices.

HTK agreed to payment to Alaska of a civil penalty of \$18,828.45, with \$7,000 suspended, and a two-year probation, on April 24, 2004, for engaging in unlicensed activity during the time the license was in lapse status.

Without admitting or denying any of the allegations, HTK agreed to payment to Connecticut of an administrative fine of \$10,000 on June 24, 2004, as a settlement in a contested case in which Connecticut alleged that HTK had closed a branch with improper notice.

Without admitting or denying any of the allegations, HTK agreed to payment to NASD of a fine of \$150,000, and censure on July 6, 2005, regarding the recording of the time of certain mutual fund trades and HTK's supervision of such activities.

Without admitting or denying any of the allegations, HTK agreed to payment to NASD of a fine of \$325,000, censure and certain undertakings, on July 6, 2005, regarding the criteria used in conducting certain sales contests, internal e-mail archival, and HTK's supervision of such activities.

In September 2005, HTK agreed to censure and to pay a fine of \$25,000 to NASD regarding permitting a statutiorly disqualified person to be associated with the firm as a registered representative.

In August 2006, HTK agreed to censure and to pay a fine of \$125,000 to NASD regarding failure to record group variable annuity transaction on its books and records and failure to supervise the transaction.

Without admitting or denying any of the allegations, HTK agreed to payment to NASD of a fine of \$50,000 and censure on February 26, 2007, regarding HTK's arranging for and accepting brokerage commission to pay for mutual fund companies' participation nom shelf space programs and maintaining records reflecting payments involved with shelf space programs.

HTK agreed to payment to Massachusetts Division of Insurance of a civil penalty of \$325 on February 7, 2007, for allegedly producing 13 policies on Massachusetts risks following non-renewal of its entity producer license and prior to renewal of the license.

In August 2012, HTK was ordered to cease and desist and to pay a fine of \$1,750 to the New Hampshire Department of State, Bureau of Securities Registration for failure to amend a representative's U4 for a civil litigation.

In October 2012, HTK agreed to censure and to pay a fine of \$150,000 to FINRA relating to deficient supervision of direct mutual fins transactions and recordkeeping.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

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Dated and signed this with day of October 20 do at under penalty of perjury that I am acting on my own behalf and that the foregon of my knowledge and belief.	HORSWAM . I hereby certify bing statements are true and correct to the best
(Signature of Affiant)	
Λ.	
State of: A County of: Matty May of the foregoing instrument was acknowledged before me this 19 day of the day	
The foregoing instrument was acknowledged before me this day of day of	bel 20/6 by Frankley Dut
and:	
who is personally known to me, or	,
who produced the following identification:	·
	Mariane C. Glittel
[SEAL] COMMONWEALTH OF PENNSYLVANIA	Man A Notary Public DEA HIGG
Notarial Seal  Marianne C. Bechtel, Notary Public	Printed Notary Name
Horsham Twp., Montgomery County My Commission Expires Dec. 26, 2017	12-26-2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	My Commission Expires

## NAIC Biographical Affidavit #8 Supplemental Schedule

# PLEASE COMPLETE THE CHART WITH ANY EMPLOYMENT or DIRECTOR POSITIONS HELD IN THE LAST 20 YEARS.

Name: Frank Best

Supervisor/Contact	Kevin Reynolds 215-956-8000	Kevin Reynolds 215-956-8000	Michelle Barry 215-956-8000	Michelle Barry 215-956-8000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Type of Business	Insurance	Insurance	Broker/Dealer	Broker/Dealer	Insurance	Mutual Fund	Mutual Fund	Investment Management Advisor	Investment Management Advisor	Insurance	Insurance	Software	
Office/Position Held	General Counsel & Secretary	Counsel & Secretary	Secretary	Counsel	Counsel & Secretary	Secretary	Secretary	Assistant Secretary	Secretary	Asst. Secretary/Secretary & Counsel	Counsel & Secretary	Secretary	
Phone	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	215-956-7754	
Address*	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, PA 19044	600 Dresher Road Horsham, P.A. 19044	600 Dresher Road Horsham, PA 19044	1209 Orange Street Wilmington, DE 19801	1201 North Market Street Wilmington, DE 19801	600 Dresher Road Horsham, PA 19044	
Name	The Penn Mutual Life Insurance Company	Longevity Insurance Company	Hornor, Townsend & Kent, Inc.	Hornor, Townsend & Kent, Inc.	HTK Insurance Agency, Inc.	Penn Series Funds	Penn Series Funds	Penn Mutual Asset Management, LLC (formerly Independence Capital Management, Inc.)	Penn Mutual Asset Management, LLC (formerly Independence Capital Management, Inc.)	The Penn Insurance & Annuity Company	PIA Reinsurance Company of Delaware I	Leap Systems, LLC	
End Date	Present	Present	Present	Present	Present	\$/2008	Present	2/2008	Present	Present	Present	Present	
Beginning Date	4/1974	11/15	11/2004	11/1998	12/2005	2/2005	11/2012	1/2005	11/2012	11/1983	12/2013	7/2014	

\* USA unless otherwise noted