

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 required (Do Not Use Group Names).

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Eileen Middle: Claire Last: McDonnell

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

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 telephone: 215-956-7500

Business Email: McDonnell.eileen@pennmutual.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Molloy College</u>	<u>Rockville Centre, NY</u>	<u>09/1980 - 06/1984</u>	<u>Bachelors</u>

<u>Molloy College</u>	<u>Rockville Centre, NY</u>	<u>09/1980 - 06/1984</u>	<u>Bachelors</u>
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<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Adelphi University</u>	<u>Garden City, NY</u>	<u>09/1984 - 06/1988</u>	<u>Masters</u>

	<u>Adelphi University</u>	<u>Garden City, NY</u>	<u>09/1984 - 06/1988</u>	<u>Masters</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Chairman, CEO, Trustee
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 ☒
- If any claims were made on the bond, give details: N/A
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

NoneOrganization/Issuer of License NASD Address 1735 K StreetCity Washington State/Province DC Country USA Postal Code 20006License Type Series 6 License # CRD#2483663 Date Issued (MM/YY) 05/94Date Expired (MM/YY) 05/07 Reason for Termination Left Industry

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒
- 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 ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☐

- 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 ☒ 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: The affiant was not directly involved in the matters noted below.

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 NASDAR 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 municipal 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.

Dated and signed this 13th day of OCTOBER 20 16 at HORSHAM. 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.

Eileen C. McDonnell

(Signature of Affiant)

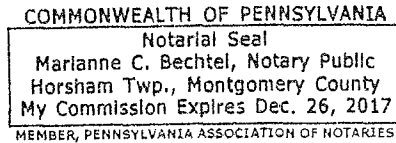
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 13th day of October 2016 by Eileen McDonnell and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
4/1/2013	Present	Universal Health Services, Inc.	367 Gulph Road, King of Prussia, PA	610-768-3355	Board Member	Health Services	N/A
11/2015	Present	Longevity Insurance Company	600 Dresher Road, Horsham PA 19406	215-956-7500	Director	Insurance Company	N/A
7/1/2013	Present	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19406	215-956-7500	Chairman of the Board	Insurance Company	N/A
2/2011	Present	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19406	215-956-7500	Chief Executive Officer	Insurance Company	N/A
3/2010	1/1/2016	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19406	215-956-7500	President	Insurance Company	N/A
2/2008	3/2010	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19406	215-956-7500	Executive Vice President and Chief Marketing Officer	Insurance Company	N/A
2/2011	Present	Janney Montgomery Scott, LLC	1717 Arch Street, Philadelphia, PA, 19103	215-956-7500	Director (Chair as of 11/2014)	Broker/Dealer	N/A
9/2010	Present	Penn Series Funds	600 Dresher Road, Horsham PA 19406	215-956-7500	Chairman	Mutual Fund	N/A
9/2010	Present	Penn Mutual Asset Management, Inc.	600 Dresher Road, Horsham PA 19406	215-956-7500	Director	Asset Manager	N/A
2/2016	Present	The Penn Insurance and Annuity Company	600 Dresher Road, Horsham PA 19406	215-956-7500	Chief Executive Officer	Insurance Company	N/A
4/2010	2/2016	The Penn Insurance and Annuity Company	600 Dresher Road, Horsham PA 19406	215-956-7500	President	Insurance Company	N/A
6/2012	Present	The Penn Insurance and Annuity Company	600 Dresher Road, Horsham PA 19406	215-956-7500	Chairman of the Board	Insurance Company	N/A
2010	Present	The Penn Insurance and Annuity Company	600 Dresher Road, Horsham PA 19406	215-956-7500	Director	Insurance Company	N/A
2/2008	2/2011	Horror, Townsend & Kent, Inc.	600 Dresher Road, Horsham PA 19406	215-956-7500	Director	Broker Dealer	N/A
2/2007	2/2008	The American College	270 S. Bryn Mawr Ave, Bryn Mawr, PA 19010	610-526-1000	Associate Professor	Educational	Dr. Walter Woerheide

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

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: David Middle: Michael Last: O'Malley

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

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 telephone: 215-956-8759

Business Email: OMalley.David@pennmutual.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Drexel University</u>	<u>Philadelphia, PA</u>	<u>09/92 – 05/97</u>	<u>B.S. Economics/Finance</u>
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
<u>None</u>			

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

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:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
AALU – Association for Advanced Life Underwriting	David Stertz, CEO	<i>Mailing Address:</i> PO Box 220731, Chantilly, VA 20153 <i>Physical Address:</i> 11921 Freedom Drive, Suite 1100, Reston, VA 20190	(703) 641-9400

7. Present or proposed position with the Applicant Company: President, Chief Operating Officer, 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 attachment for complete listing of positions held

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☐

- 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 ☒ 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.

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 \$10,000 to NASDAQ related to TMMS Violations of NASDAQ 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 municipal 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 funds 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.

Dated and signed this 13th day of OCTOBER 20 16 at HORSHAM. 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.


(Signature of Affiant)

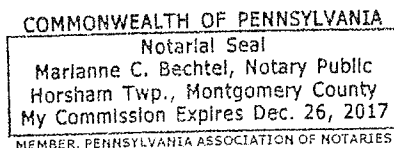
State of: PA County of: Montgomery


The foregoing instrument was acknowledged before me this 13th day of October 20 16 by David O'Reilly and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]




Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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: David O'Malley

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

						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 PA 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	Hornor, Townsend & Kent, Inc.	600 Dresher Road, Horsham PA 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		

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Joan Middle: Pauline Last: Carter

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Trustee (PML) and President (UM Holdings)

4. Affiant's business address: 56 N. Haddon Avenue, Haddonfield, NJ, 08033

Business telephone: 856-354-2200 Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>College of Wooster</u>	<u>Wooster, OH</u>	<u>1961-1965</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>University of Pittsburgh</u>	<u>Pittsburgh, PA</u>		<u>No Degree</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Trustee

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 ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒
- 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 ☒
- 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 ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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 2nd day of October 2016 at 10:00 AM. 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.

Joan Carter
(Signature of Affiant)

State of: NEW JERSEY County of: CAMDEN

The foregoing instrument was acknowledged before me this 2nd day of October, 2016 by Joan Carter,
and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

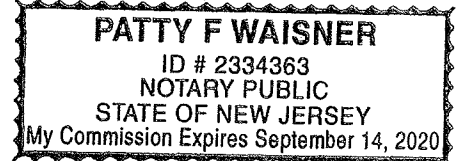
Patty F. Waisner
Notary Public
PATTY F. WAISNER

Printed Notary Name

9-14-2020

My Commission Expires

Certified to be the true signature of Joan Carter



NAIC Biographical Affidavit
#8 Supplemental Schedule

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

Name: Joan Pauline Carter

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
2001	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Trustee	Insurance Company	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

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Robert Middle: Eugene Last: Chappell

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Trustee

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8000

Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Gettysburg College</u>	<u>Gettysburg, PA</u>	<u>9/62 - 5/66</u>	<u>A.B Degree</u>
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
<u>Wharton School</u>	<u>University of Pennsylvania</u>	<u>Philadelphia, PA</u>	<u>9/69 - 6/71</u>
			<u>MBA</u>

Other Training: Name City/State Dates Attended (MM/YY) Degree/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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Trustee

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 ☒If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒
- 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 ☒
- 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 ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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 13th day of OCTOBER 20 16 at HORSHAM. 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.



(Signature of Affiant)

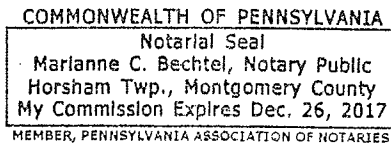
State of: PA County of: Montgomery


The foregoing instrument was acknowledged before me this 13th day of October, 2016 by Robert Chappell and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]




Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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 Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
7/13	Present	The Penn Mutual Life 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 the Board	Insurance Company	N/A
3/10	2/11	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Chairman of the Board & CEO	Insurance Company	N/A
2008	3/10	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Chairman of the Board, CEO & President	Insurance Company	N/A
1997	2008	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Chairman of the Board & CEO	Insurance Company	N/A
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
1997	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
1989	2002	P.H. Glatfelter Company	228 South Main Street Spring Grove PA, 17362		Director	Manufacturing and Supplier	N/A

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: William Middle: Roland Last: Cook

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Trustee

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8000

Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>W.V.A. University</u>	<u>Morgantown, WV</u>	<u>1961-1965</u>	<u>BA – Chemistry/Biology</u>
<u>W.V.A. University</u>	<u>Morgantown, WV</u>	<u>1965-1966</u>	<u>BA – Marketing</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Michigan State University</u>	<u>Michigan</u>	<u>1969-1970</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

None

7. Present or proposed position with the Applicant Company: Trustee

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 ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒
- 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 ☒
- 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 ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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.

Dated and signed this 14th day of OCTOBER 20 16 at HORSHAM. 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.

William R. Cook
(Signature of Affiant)

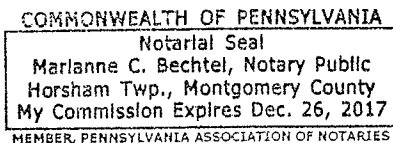
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 14th day of October 20 16 by William Cook and:

X who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
My Commission Expires

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

[illegible]

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: James Middle: Stephen Last: Hunt

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Trustee

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8000

Business Email:

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Central Florida	Orlando, FL	09/75-08/77	BSBA Accountancy

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
E&Y Executive Program,	JL Kellogg Graduate School of Management	Evanston, IL	08/91-08/91	N/A

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
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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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Certified Public Accountant, State of Florida	State Board of Accountancy	240 NW 76 th Drive Suite A, Gainesville, FL, 32607	850-487-1395

7. Present or proposed position with the Applicant Company: Trustee

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 ☐If any claims were made on the bond, give details: NONE

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

NoneOrganization/Issuer of License: State Board of Accountancy Address: 240 NW 76th Drive Suite ACity: Gainesville State/Province: FL Country: USA Postal Code: 32607License Type: CPA License #: AC0008035 Date Issued (MM/YY): 09/79Date Expired (MM/YY): NA Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒
- 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 ☒
- 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 ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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.

Dated and signed this 18 day of October 2016 at Bradbury, Ca. 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.

[Signature]
(Signature of Affiant)

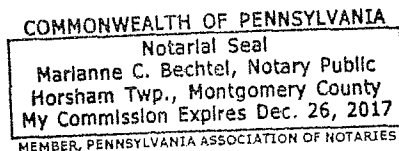
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 18th day of October 2016 by Jane Hunt and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
My Commission Expires

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

[illegible]

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

600 Dresher Road, Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Charisse Middle: Ranielle Last: Lillie

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney / Vice President, Community Investment, Comcast Corporation; President, Comcast Foundation (as of May 19, 2016, title will be Fellow and Executive Vice President, Community Investment, Compact Corporate ; Executive Vice President of the Comcast Foundation)

4. Affiant's business address: Comcast Corporation, One Comcast Center, Philadelphia PA 19103

Business telephone: 215-286-7370

Business Email: charisse_lillie@comcast.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Wesleyan University</u>	<u>Middletown, CT</u>	<u>09/70 – 06/73</u>	<u>B.A. Cum Laude</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Temple University</u>	<u>Philadelphia, PA</u>	<u>09/73 – 06/76</u>	<u>J.D.</u>
	<u>Yale University</u>	<u>New Haven, CT</u>	<u>09/81 – 06/82</u>	<u>L.L.M</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Harvard University</u>	<u>Cambridge, MA</u>	<u>07/90 – 08/90</u>	<u>Certificate, Program for Senior Executives</u>
<u>Kennedy School of Government</u>			<u>in State and Local Government</u>

Applicant Company Name: The Penn Mutual Life Insurance Company

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:

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

Country: USA Postal Code: 19103 Phone: 215-286-7585 Offices/Positions Held: Fellow and Vice 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 – 5/16 Employer's Name: Comcast Corporation

Address: One Comcast Center City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19103 Phone: 215-286-7585 Offices/Positions Held: Vice President, 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

Address: One Comcast Center City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19103 Phone: 215-286-7585 Offices/Positions Held: Vice 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

Revised 8/18/14

Applicant Company Name: The Penn Mutual Life Insurance Company

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: USA Postal Code: 19103 Phone: 215-286-7585 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, 51st Floor City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19103-7599 Phone: 215-864-8300 Offices/Positions Held: Partner; Chair of Litigation Department (07/02 – 02/05); Board Member, 09/94 – 09/00 and 09/01 – 02/05)

Type of Business: Law firm Supervisor/Contact: Arthur Makadon, Chairman, 215-864-8200

Beginning/Ending

Dates (MM/YY): 01-90 – 01/92 Employer's Name: City of Philadelphia, Law Department

Address: One Parkway Building, 17th 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

Beginning/Ending

Applicant Company Name: The Penn Mutual Life Insurance Company

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

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: USA Postal Code: 19103 Phone: N/A Offices/Positions Held: Member of Advisory Board, 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: USA Postal Code: 19106 Phone: 215-574-6000 Offices/Positions Held: Chairman, Board of Directors (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: USA Postal Code: 10271 Phone: 800-778-7879 Offices/Positions Held: Member, Board of Directors

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

Type of Business: Charitable organization Supervisor/Contact: Jim Cawley

Beginning/Ending

Applicant Company Name: The Penn Mutual Life Insurance Company

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

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

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

Beginning/Ending

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

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

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

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: USA Postal Code: 20036 Phone: 202-662-1000 Offices/Positions Held: Committee Member, Standing Committee on Federal Judiciary

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

Beginning/Ending

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

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

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

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

Beginning/Ending

Applicant Company Name: The Penn Mutual Life Insurance Company

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: USA Postal Code: 19131 Phone: 215-581-3181 Offices/Positions Held: Selection Committee Member, Great 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: USA Postal Code: N/A Phone: N/A Offices/Positions Held: Member, Board of Trustees (1994 – 2004); Chair, Board of Trustees (2004-2006)

Type of Business: Community award Supervisor/Contact: thephiladelphiaaward@gmail.com

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 20th 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

Beginning/Ending

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

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

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

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

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

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

Beginning/Ending

Applicant Company Name: The Penn Mutual Life Insurance Company

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: USA Postal Code: 19104 Phone: 215-898-5000 Offices/Positions Held: Committee Member, Public Service Advisory Committee

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

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

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: Legal organization Supervisor/Contact: 212-965-2200

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

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

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: Law publication Supervisor/Contact: 877-256-2472

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

Organization/Issuer of License: Supreme Court of PA Court Administrator Address: PO Box 46

City: Camp Hill State/Province: Pennsylvania Country: USA Postal Code: 17001-0046

License Type: PA Attorney's License License #: 24795 Date Issued (MM/YY): 12/76

Date Expired (MM/YY): Current license will expire 07/17. There is annual renewal based on good standing and attendance at continuing legal education courses

Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 717-731-7073

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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 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 2nd day of May, 20 16 at Philadelphia, PA. 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.

Charrise Ranielle Lillie
(Signature of Affiant)

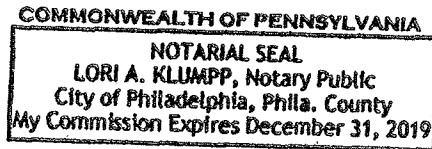
State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 2nd day of May, 20 16 by Charrise Ranielle Lillie

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Lori A. Klumpp
Notary Public
LORI A. KLUMPP
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 required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

600 Dresher Road, Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Edmond Middle: Felix Last: Notebaert

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Retired Healthcare Executive

4. Affiant's business address: N/A

Business telephone: N/A Business Email: N/A

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Ohio State University</u>	<u>Columbus OH</u>	<u>09/62 – 06/66</u>	<u>B.A.</u>
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
	<u>University of Pittsburgh</u>	<u>Pittsburgh, PA</u>	<u>09/68 – 06/70</u>
			<u>MPH</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Marshall College of Law</u>	<u>Cleveland, OH</u>	<u>09/71 – 06/74</u>	<u>JD</u>

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.

Applicant Company Name: The Penn Mutual Life Insurance Company

NAIC No. 67644

FEIN: 23-0952300

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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: 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): 11/08 – 02/10 Employer's Name: Temple University

Address: 1330 Berks Street City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19122 Phone: 215-204-7405 Offices/Positions Held: President and CEO, Temple University Health System and Senior Executive Vice President of Health Services, Temple University

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

Beginning/Ending

Dates (MM/YY): 09/03 – 07/08 Employer's Name: University of Maryland Medical System

Address: 250 W. Pratt Street, 24th 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

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

Organization/Issuer of License: Supreme Court of Ohio Address: 65 Front Street

City: Columbus State/Province: Ohio Country: USA Postal Code: 43215

License Type: Member Bar License #: Inactive Status Date Issued (MM/YY): 1975

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): N/A

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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 Q15c:

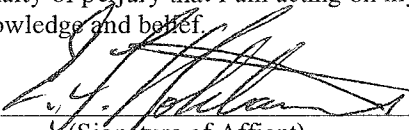
Pennsylvania Insurance Department issued a Consent Order dated May 4, 2005 in which Penn Mutual agreed to pay a fine of \$15,000 following a Market Conduct Examination.

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.

Dated and signed this 22 day of April 20 16 at Philadelphia PA. 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.


(Signature of Affiant)


State of: CA County of: Phila

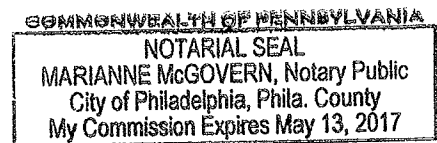
The foregoing instrument was acknowledged before me this 22nd day of April, 20 16 by Edmond F. Notebaert and:

who is personally known to me, or

who produced the following identification: PA driver's license # 22590462.

[SEAL]


Notary Public
Marianne McGovern
Printed Notary Name
5-13-17
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 required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

600 Dresher Road, Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Helen Middle: Pomerantz Last: Pudlin

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Retired Executive Vice President and General Counsel, The PNC Financial Services Group, Inc.; currently serve as an arbitrator.

4. Affiant's business address: 318 Millbank Road, Bryn Mawr, PA 19010

Business telephone: 610-527-5246

Business Email: Helen.pudlin@gmail.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Pennsylvania	Philadelphia, PA	09/67 – 05/70	B.A.

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	University of Pennsylvania	Philadelphia, PA	09/70 – 05/71	M.S. Graduate School of Education

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
University of Pennsylvania Law School	Philadelphia, PA	08/71 – 05/74	J.D.

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:

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

Beginning/Ending

Dates (MM/YY): _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☒ No ☐If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

License to practice lawOrganization/Issuer of License: Disciplinary Board of the Supreme Court of Pennsylvania Address: 601 Commonwealth AveCity: Harrisburg State/Province: Pennsylvania Country: USA Postal Code: 17106

License Type: Attorney's License License #: 20447 Date Issued (MM/YY): 11/74Date Expired (MM/YY): N/AReason for Termination: N/ANon-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:

- 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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☒ 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. _____

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 ☒

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 ☒

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 ☐

- 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 ☐

- 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 ☒ 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.

For questions 15(a), 15(b) and 15(c), see Attachment II

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 22nd day of April 20 16 at Philadelphia. 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.

Helen P. Pudlin
(Signature of Affiant)

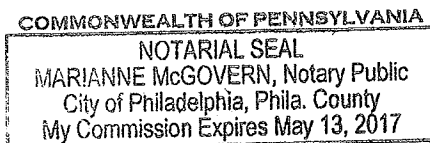
State of: Ga County of: Phila

The foregoing instrument was acknowledged before me this 22nd day of April 20 16 by Helen P. Pudlin and:

who is personally known to me, or

who produced the following identification: PA driver's license # 70 6 23 869

[SEAL]



Marianne McGovern
Notary Public
Marianne McGovern
Printed Notary Name
5/13/17
My Commission Expires

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

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

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. 2nd 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; 212-288-9347)

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 52nd Street, New York, NY 10055. USA. Phone: 212-810-5300

Position: Member of the Board of Directors

Type of Business: Investment management firm

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

Applicant Company Name : The Penn Mutual Life Insurance Company

NAIC No. 67644

FEIN: 23-0952300

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

Address: 19 South 22nd 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, 2nd 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.

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 required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

600 Dresher Road, Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Robert Middle: Henry Last: Rock

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Publisher

4. Affiant's business address: 1845 Walnut Street, Philadelphia, PA 19103

Business telephone: 215-405-6061

Business Email: N/A

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard University</u>	<u>Cambridge, MA</u>	<u>09/68 – 06/72</u>	<u>AB</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Harvard University</u>	<u>Cambridge, MA</u>	<u>09/72 – 11/76</u>	<u>MBA, DBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
N/A			

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 LLCAddress: 1845 Walnut Street City: Philadelphia State/Province: PennsylvaniaCountry: USA Postal Code: 19103 Phone: 215-405-6061 Offices/Positions Held: PresidentType of Business: Publishing and information company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 08/11 – present Employer's Name: 451 Research LLCAddress: 20 West 37th Street City: New York State/Province: NYCountry: USA Postal Code: 10018 Phone: 212-505-3030 Offices/Positions Held: Partial OwnerType of Business: Business research company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1997 – present Employer's Name: The Penn Mutual Life Insurance CompanyAddress: 600 Dresher Road City: Horsham State/Province: PACountry: USA Postal Code: 19044 Phone: 215-956-8000 Offices/Positions Held: Member, Board of TrusteesType 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: NJCountry: USA Postal Code: 07632 Phone: 1-800-298-5018 Offices/Positions Held: Member, Board of DirectorsType of Business: Consumer goods company Supervisor/Contact: N/A

Applicant Company Name: The Penn Mutual Life Insurance Company

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: Chemical corporation Supervisor/Contact: N/A

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: PQ Corporation

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

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

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: Pharmaceutical company Supervisor/Contact: N/A

Applicant Company Name: The Penn Mutual Life Insurance Company

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

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, 14th 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: USA Postal Code: 19107 Phone: 215-461-4700 Offices/Positions Held: Member, Board of Directors

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

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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 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 No. 67644

FEIN: 23-0952300

Dated and signed this 22nd day of April 2016 at Philadelphia. 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.


(Signature of Affiant)

State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 22nd day of April, 20 16 by Robert H. Rock,
and:

who is personally known to me, or

who produced the following identification: Drivers License

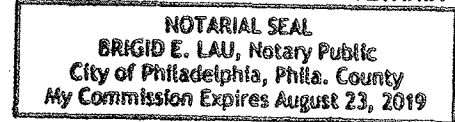
[SEAL]

Brigid E. Lau
Notary Public

Brigid E. Lau
Printed Notary Name

August 23, 2019
My Commission Expires

COMMONWEALTH OF PENNSYLVANIA



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 required (Do Not Use Group Names).

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Anthony Middle: M Last: Santomero

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Trustee

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8000

Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Fordham College</u>	<u>New York, NY</u>	<u>9/64 - 5/68</u>	<u>A.B.</u>
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
	<u>Brown University</u>	<u>Providence, RI</u>	<u>9/68 - 5/71</u>
			<u>Ph.D</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

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:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

None

7. Present or proposed position with the Applicant Company: Trustee

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 ☒

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒
- 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 ☒
- 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 ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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 13 day of October 20 16 at HORSHAM. 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.

[Signature]
(Signature of Affiant)

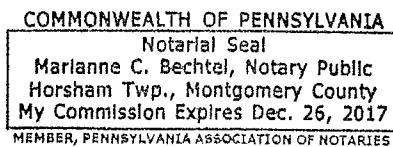
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 13th day of October 16 by Anthony Spantonera and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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: Anthony M. Santomero

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
3/08	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044		Trustee	Insurance Company	N/A
1/09	Present	Citicorp	701 East 60th Street North Sioux Falls, SD 57104-0432		Director	Banking	N/A
5/08	Present	Renaissance Reinsurance Company Ltd	12 Crow Lane Pembroke, HM19Bermuda		Director	Insurance	N/A
1/08	Present	Columbia Funds	225 Franklin Street Boston, MA 02110		Director	Financial	N/A
1/08	6/11	Bank of America Fund Series Trust	100 Federal Street Boston, MA 02110		Director	Banking	N/A
7/06	1/08	McKinsey & Company	55 East 52 Street, New York NY 10022	212-446-8227	Senior Advisor	Financial Services	Kevin Buehler
7/00	4/06	Federal Reserve Bank of Philadelphia	10 Independence Mall Philadelphia, PA 19106		President	Banking	N/A
7/72	7/00	Wharton School, University of Pennsylvania	3620 Locust Walk Philadelphia, PA 19104		Professor	University	N/A

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Susan Middle: Doenges Last: Waring

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Trustee

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8000

Business Email:

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Gettysburg College	Gettysburg, PA	8/67 – 5/71	B.A.
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)
Shippensburg University	Shippensburg, PA	8/73-5/75	M.S.
Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
Darden University of UVA	Charlottesville, VA	6/00-8/00	Executive Certification

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:

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

7. Present or proposed position with the Applicant Company: Trustee

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 ☐If any claims were made on the bond, give details: N/A, None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

Organization/Issuer of License: NASD/SEC Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: Series 6 License #: _____ Date Issued (MM/YY): 2000Date Expired (MM/YY): 04/2010 Reason for Termination: Retired

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: NASD Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: Variable License #: _____ Date Issued (MM/YY): 1998Date Expired (MM/YY): 04/2010 Reason for Termination: Retired

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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.

Dated and signed this 17th day of OCTOBER, 20 16 at HORSHAM. 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.

[Signature]
(Signature of Affiant)

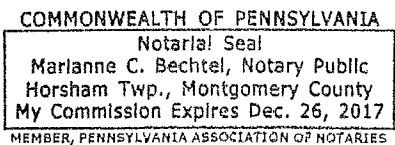
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 17th day of October, 20 16 by Spencer Wang and:

X who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
My Commission Expires

NAIC Biographical Affidavit
#8 Supplemental Schedule

Name: Susan Doenges Waring

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/Contact
4/13	Present	The Penn Mutual Life Insurance Company	600 Dresler 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 th 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

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Susan Middle: Twine Last: Deakins

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Executive Vice President, Chief Financial Officer, Treasurer

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8080

Business Email: deakins.susan@pennmutual.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Wharton School, University of PA	Philadelphia, PA	09/79 – 12/82	B.S. Economics

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
N/A				

N/A

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
None			

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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Society of Actuaries	Not Available	75 North Martingale #600 Schaumburg, Illinois 60173	847-706-3500
American Academy of Actuaries	Not Available	1100 17 th Street NW 7 th Floor, Washington, DC 20036	202-223-8196

7. Present or proposed position with the Applicant Company:

Executive Vice President, Chief Financial Officer and Treasurer

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 ☒If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☐

- 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 ☒ 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 funds 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.

Dated and signed this 13th day of October 2016 at Horsham, PA. 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.

Susan S. Perkins
(Signature of Affiant)

State of: PA

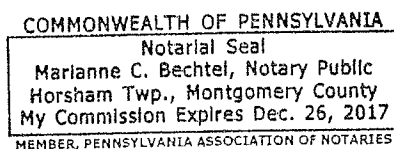
County of: Montgomery

The foregoing instrument was acknowledged before me this 13th day of October 2016 by Susan Perkins and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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: Susan Deakins

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

1/99	9/04	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	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	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)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

600 Dresher Road, Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Thomas Middle: Henry Last: Harris

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Executive Vice President, Distribution

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-957-7306

Business Email: Harris.Thomas@pennmutual.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Drexel University	Philadelphia, PA	09/79 – 05/80	None
Temple University	Philadelphia, PA	09/80 – 08/83	Bachelors Actuarial Science

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
None				

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
Fellow Life Management Institute, Life Office Management Association		09/87	FLMI
Chartered Life Underwriter American College of Financial Services	Bryn Mawr, PA	10/89	CLU
Chartered Financial Consultant American College of Financial Services	Bryn Mawr, PA	10/89	ChFC

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:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Association of Advanced Life Underwriters	Marc Cadin	101 Constitution Avenue Suite 703 East, Washington D.C. 20001	703-641-9400
American Council of Life Insurers	David Leifer	101 Constitution Avenue NW 700 East, Washington D.C. 20001	202-624-2436
The American College	Tip Cronin	270 Bryn Mawr Avenue, 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 ☒If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

FINRA registrations 6, 7, 24, 26, 63; CRD# 1760593Organization/Issuer of License: FINRA Address: 1735 K StreetCity: Washington State/Province: D.C. Country: U.S.A. Postal Code: 20006License Type: FINRA registrations 6, 7, 24, 26, 63 License #: CRD # 1760593 Date Issued (MM/YY): 11/87Date Expired (MM/YY): N/A Reason for Termination: N/ANon-Insurance Regulatory Phone Number (if known): (301) 590-6500

Life Insurance license numbers in the following 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
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 ☒
- 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 ☒
- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ No ☐

Applicant Company Name : The Penn Mutual Life Insurance Company

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 funds 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.

Dated and signed this 4th day of October 20 16 at Norsham, PA. 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.

Thomas H. Harris
(Signature of Affiant)

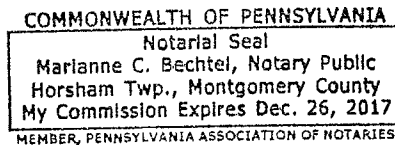
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 4th day of October 20 16 by Thomas Harris and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
My Commission Expires

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

[illegible]

* USA unless otherwise noted

Applicant Company Name : The Penn Mutual Life Insurance Company 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)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Raymond Middle: Gerard Last: Caucci

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Actuary

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8085 Business Email: Caucci.Raymond@pennmutual.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Pennsylvania</u>	<u>Philadelphia, PA</u>	<u>9/84-12/86</u>	<u>BS</u>
<u>Elizabethtown College</u>	<u>Elizabethtown, PA</u>	<u>9/82-5/84</u>	<u>NONE</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>The American College</u>	<u>Bryn Mawr, PA</u>	<u>9/2002-8/2009</u>	<u>Chartered Financial Consultant (ChFC)</u>

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.

Applicant Company Name : The Penn Mutual Life Insurance Company NAIC No. 67644
FEIN: 23-0952300

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Society of Actuaries</u>	<u>Greg Heidrich</u>	<u>475 N Martingale Rd, Suite 400, Schaumburg IL 60173</u>	<u>847-706-3500</u>
<u>American Academy of Actuaries</u>	<u>Mary Downs</u>	<u>1850 M Street NW, Suite 300 Washington, DC 20036</u>	<u>202-223-8196</u>

7. Present or proposed position with the Applicant Company:
SVP, Product Management, Underwriting & Advanced Markets
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 ☒
- If any claims were made on the bond, give details: N/A
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Applicant Company Name : The Penn Mutual Life Insurance Company NAIC No. 67644
FEIN: 23-0952300

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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,

Applicant Company Name : The Penn Mutual Life Insurance Company NAIC No. 67644
FEIN: 23-0952300

receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☒ 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 ☒ 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'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.

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.

Applicant Company Name : The Penn Mutual Life Insurance Company NAIC No. 67644
FEIN: 23-0952300

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Society of Actuaries</u>	<u>Greg Heidrich</u>	<u>475 N Martingale Rd, Suite 400, Schaumburg IL 60173</u>	<u>847-706-3500</u>
<u>American Academy of Actuaries</u>	<u>Mary Downs</u>	<u>1850 M Street NW, Suite 300 Washington, DC 20036</u>	<u>202-223-8196</u>

7. Present or proposed position with the Applicant Company:
SVP, Product Management, Underwriting & Advanced Markets
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 ☒
If any claims were made on the bond, give details: N/A
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Applicant Company Name : The Penn Mutual Life Insurance Company NAIC No. 67644
FEIN: 23-0952300

Dated and signed this 13th day of OCTOBER 20 16 at HORSHAM, PA. 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.

Raymond Cacci
(Signature of Affiant)

State of: PA County of: Montgomery

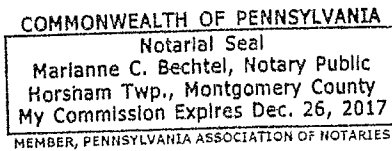
The foregoing instrument was acknowledged before me this 13th day of October, 20 16 by Raymond Cacci

and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
1/2015	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8085	Executive Team Member	Insurance Company	David O'Malley 215-956-8000
6/2014	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8085	SVP, Product Mgt, Underwriting & Advanced Markets	Insurance Company	David O'Malley 215-956-8000
11/2015	Present	Longevity Insurance Company	600 Dresher Road, Horsham, PA 19044	215-956-8085	Director	Insurance Company	N/A
2/2009	6/2014	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8085	VP, Product Mgt	Insurance Company	David O'Malley 215-956-8000
6/2014	Present	Leap Systems, LLC	600 Dresher Road Horsham, PA 19044	215-956-8085	Director	Software	N/A
12/2013	Present	PIA Reinsurance Company of Delaware I	600 Dresher Road Horsham, PA 19044	215-956-8085	Director	Software	N/A
10/2007	2/2009	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8085	VP & Life Product Actuary	Insurance Company	David O'Malley 215-956-8000
6/2008	Present	The Pennsylvania Life & Health Insurance Guaranty Association	290 King of Prussia Road, Suite 218 Radnor, PA 19087	610-975-0572	Director	Non-profit Insurance Guaranty Association	Joe Horvath
7/1986	10/2007	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-8085	various	Insurance Company	N/A

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Penn Mutual Life Insurance Company

Statutory Home Office

600 Dresher Road
Horsham, PA 19044
215-956-8000

Main Administrative Office

600 Dresher Road
Horsham, PA 19044
215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Gregory Middle: Joseph Last: Driscoll

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Insurance company information technology professional

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8000

Business Email: Driscoll.Greg@pennmutual.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Drexel University	Philadelphia, PA	09/85 – 06/90	B.S. Information systems
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)
	St. Joseph's University	Philadelphia, PA	09/93 – 05/97
			M.B.A

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
None			

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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: Senior Vice President Service Operations and Chief Information 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

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

FINRA Series 99 – Operational Professional / CRD# 2079089Organization/Issuer of License: FINRAAddress: 1735 K StreetCity: WashingtonState/Province: D.CCountry: USAPostal Code: 20006License Type: Operational Professional Exam (Series 99) License #: CRD# 2079089 Date Issued (MM/YY): 09/12Date Expired (MM/YY): N/AReason for Termination: N/ANon-Insurance Regulatory Phone Number (if known): (301) 590-6500

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☐

- 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 ☒ 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.

Dated and signed this 13 day of October 20 16 at HORSHAM. 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.

[Signature]
(Signature of Affiant)

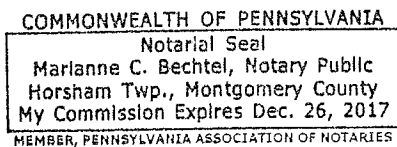
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 13th day of October 20 16 by Gregory Driscoll and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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: Gregory Driscoll

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
1/2016	Present	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Senior Vice President, Service Operations	Insurance Company	David O'Malley 215-956-8000
7/2014	Present	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Senior Vice President, Chief Information Officer	Insurance Company	David O'Malley 215-956-8000
3/2009	Present	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Chief Information Officer	Insurance Company	David O'Malley 215-956-8000
6/2004	3/2009	The Penn Mutual Life Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-8000	Vice President, Technology Architecture	Insurance Company	Terry Ramey
11/2015	Present	Longevity Insurance Company	600 Dresher Road, Horsham PA 19044	215-956-7500	Director	Insurance Company	N/A
6/2014	Present	The Penn Insurance and Annuity Company	1209 Orange Street, Wilmington, DE, 19801	215-956-8000	Director	Insurance Company	N/A
6/2014	Present	Leap Systems LLC	600 Dresher Road, Horsham PA 19044	215-956-8000	Member, Board of Managers	Software Company	N/A
2/2002	6/2004	CIGNA/Intracorp	1601 Chestnut Street, Philadelphia, 19192	1-800-997-1654	Assistance Vice President, Technology Architecture	Insurance Company	N/A
7/1998	2/2002	CIGNA/Intracorp	1601 Chestnut Street, Philadelphia, 19192	1-800-997-1654	Assistance Vice President, Application Architecture and eBusiness Systems and Enterprise Architecture	Insurance Company	N/A
7/1997	7/1998	Oxford Healthcare	1701 Independence Mall W Ste L50, Philadelphia, PA 19106	N/A	Assistance Vice President,	Health Care	N/A

6/1990	7/1997	Vanguard Group of Insurance Companies	100 Vanguard Blvd, Malvern, PA, 19355	N/A	Application Architecture / eBusiness Systems and Enterprise Architecture	Health Care	N/A
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* USA unless otherwise noted

Applicant Company Name: The Penn Mutual Life Insurance Company

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)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Jeffrey Middle: (N/A) Last: Fleischman

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? n/a

3. Affiant's occupation or profession: Senior Vice President, Chief Marketing & Digital Officer and Executive Team Member

4. Affiant's business address: 600 Dresher Road Horsham, PA 19044

Business telephone: 215.956.8818

Business Email: fleischman.jeffrey@pennmutual.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Syracuse University</u>	<u>Syracuse, NY</u>	<u>09/80 – 06/84</u>	<u>Bachelor of Science</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Hofstra University</u>	<u>Hempstead, NY</u>	<u>9/87 – 05/93</u>	<u>Masters of Business Administration</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company:
- Senior Vice President, Chief Marketing & Digital Officer and Executive Team Member

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 ☒If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: N/A Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Applicant Company Name: The Penn Mutual Life Insurance Company

NAIC No. 67644
FEIN: 23-0952300

Organization/Issuer of License: N/A _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☐

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☐

- 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 ☒ 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:

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.

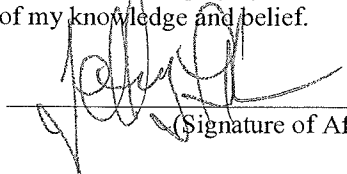
Details on Question 15c: (The affiant was not directly involved in the matters below)

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 13th day of October at Horsham, PA. 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.



(Signature of Affiant)

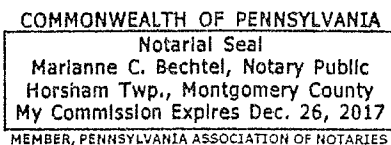
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 13th day of October 2016 by Jeffrey Fleischman
and:

X who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Alida Middle: Milligan Last: Moose

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Senior Vice President and Chief Human Resources Officer

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8759

Business Email: Moose.Alida@pennmutual.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Davis and Elkins	Elkins, WVA	09/67 – 06/70	N/A
Rutgers University	New Brunswick, NJ	09/70 – 06/72	Bachelor of Arts (Psychology)

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Organizational Dynamics	University of Pennsylvania	Phila, PA	Grad 2003	Masters of Science
Organizational Dynamics	University of Pennsylvania	Phila, PA	Grad 2004	Masters of Philosophy
Human Resources Development	The George Washington University	Wash, DC	2007-2012	Doctorate of Education

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
Insurance Institute of America	Phila, PA	Obtained June 1976	Insurance
LOMA	online	Obtained Sept 1994	ACS
Myers-Briggs Type Indicator	Phila, PA	Obtained June 2001	CAPT

Applicant Company Name : Penn Mutual Life Insurance Company

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.

6. List of memberships in professional societies and associations:

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

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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.

Dated and signed this 11th day of OCTOBER 20 16 at HORSHAM. 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.

[Signature]
(Signature of Affiant)

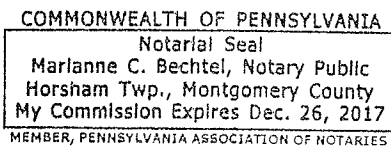
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 11th day of October 20 16 by Hilda Chase and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marlanne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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: Alida Moose

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of 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 Company	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	6/1998	Lincoln Financial	350 Church Street, Hartford CT, 06156		Director of Client Services	Financial Services	N/A

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

600 Dresher Road, Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Nina Middle: Marie Last: Mulrooney

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8100

Business Email: Mulrooney.Nina@pennmutual.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Immaculata University</u>	<u>Immaculata, PA</u>	<u>07/72 – 05/76</u>	<u>BA – Economics and Business</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Widner University</u>	<u>Chester, PA</u>	<u>05/80 – 12/85</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Fellow, Life Management Institute</u>		<u>1984</u>	<u>FMLI</u>
<u>Chartered Life Underwriter</u>	<u>American College of Financial Services</u>	<u>2004</u>	<u>CLU</u>

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:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Insurance Internal Audit Group (IIAG)	Melissa Hoover	305 N 3 rd Street, Halifax, PA 17032	717-896-8035
The Institute of Internal Auditors	Eugene J O'Neill	247 Maitland Avenue, Altamonte Springs, FL 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 ☒

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

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): N/A Reason for Termination: N/A

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

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 24 License #: 1052340 Date Issued (MM/YY): 11/01

Date Expired (MM/YY): N/A Reason for Termination: N/A

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

Organization/Issuer of License: Pennsylvania Department of State Address: Bureau of Professional and Occupational Affairs P.O. Box 2649

City: Harrisburg State/Province: Pennsylvania Country: U.S.A. Postal Code: 17105-2649

License Type: Certified Public Accountant License #: CA030373L Date Issued (MM/YY): 04/92

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): (717) 787-8503

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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 ☒

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 ☒

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 ☒

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 ☒

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 ☒ 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 Q15c. The affiant was not directly involved in the issues below.

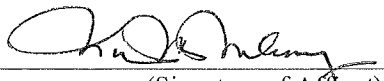
The Pennsylvania Insurance Department issued a Consent Order in July 2015 in which The Penn Mutual Life Insurance Company agreed to pay a fine of \$25,000 following a Market Conduct Examination covering the period January 1, 2012 through December 31, 2013 related to several non-compliant practices identified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

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.

Dated and signed this 1st day of October 20 16 at Horsham, PA. 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.


(Signature of Affiant)

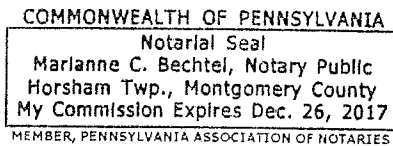
State of: PA County of: Montgomery

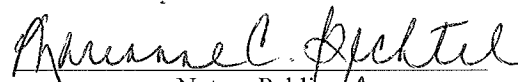
The foregoing instrument was acknowledged before me this 1st day of October 20 16 by Aria Mulrooney and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]




Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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: Nina Mulrooney

[illegible]

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

Penn Mutual Life Insurance Company

Statutory Home Office

600 Dresher Road
Horsham, PA 19044
215-956-8000

Main Administrative Office

600 Dresher Road
Horsham, PA 19044
215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Kevin Middle: Terence Last: Reynolds

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney, Chief Legal Officer

4. Affiant's business address: 600 Dresher Road Horsham PA, 19044

Business telephone: 215-956-8989 Business Email: Reynolds.Kevin@pennmual.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained	
Cathedral College	Douglaston, NY	9/76 – 6/80	BA	
Graduate 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 Attended (MM/YY)	Degree/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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

7. Present or proposed position with the Applicant 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.

See attachment for complete listing of positions held

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: NONE _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

Organization/Issuer of License: Supreme Court of PA Address: 601 Commonwealth Ave.City: Harrisburg State/Province: PA Country: USA Postal Code: 17106License Type: Law License #: 310958 Date Issued (MM/YY): 7/11Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: Supreme Court of New Jersey Address P.O. Box 981City: Trenton State/Province: NJ Country: USA Postal Code: 08625License Type: Law License #: 027671990 Date Issued (MM/YY): 12/90Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: Supreme Court of New York, Second Department Address P.O. 45 Monroe PlaceCity: Brooklyn State/Province: NY Country: USA Postal Code: 11201License Type: Law License #: 2029643 Date Issued (MM/YY): 2/86Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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. N/A
-
-

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

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 ☒

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 ☒

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 ☒

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 ☒

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 ☒ 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.

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

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 HORSHAM, PA. 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.

Kevin I. Reynolds
(Signature of Affiant)

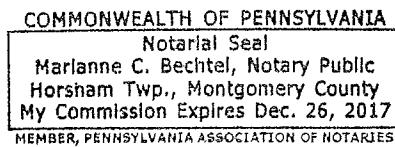
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 13th day of October 2016 by Kevin Reynolds and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
My Commission Expires

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

[illegible]

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

Statutory Home Office

Philadelphia, PA 19172

Main Administrative Office

600 Dresher Road

Horsham, PA 19044

215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Jay Middle: T Last: Lewellen

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Actuary

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-8877

Business Email: Lewellen.Jay@pennmutual.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Nebraska	Lincoln, NE	01/81 – 05/85	BS – Actuarial Science

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
None				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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.

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Society of Actuaries		475 Martingale Road, Suite 600, Shamburg IL, 60173	847-706-3500
American Academy of Actuaries		1850 M Street, NW Suite 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?

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

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 ☒
- 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 ☒
- 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 ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ 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.

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 ☒

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 ☒

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 ☒

- 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 ☒

- 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 ☒ 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.

Dated and signed this 11th day of October, 2016 at Horsham. 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.

Jay Lowell
(Signature of Affiant)

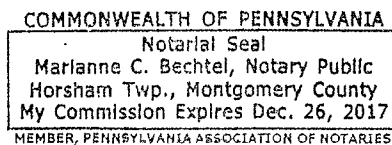
State of: PA County of: Montgomery

The foregoing instrument was acknowledged before me this 11th day of October, 2016 by Jay Lowell and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
My Commission Expires

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

[illegible]

* 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 and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

The Penn Mutual Life Insurance Company

Statutory Home Office

600 Dresher Road
Horsham, PA 19044
215-956-8000

Main Administrative Office

600 Dresher Road
Horsham, PA 19044
215-956-8000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Franklin Middle: Luther Last: Best

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Lawyer/ Executive

4. Affiant's business address: 600 Dresher Road, Horsham, PA 19044

Business telephone: 215-956-7754

Business Email: Best.Franklin@pennmutual.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Yale University</u>	<u>New Haven, CT</u>	<u>09/63 – 06/67</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>University of Pennsylvania Law School</u>	<u>Philadelphia, PA</u>	<u>09/67 – 06/70</u>	<u>J.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Columbia Business School</u>	<u>New York, NY</u>	<u>06/94</u>	<u>None – Executive Program</u>

Applicant Company Name: The Penn Mutual Life Insurance Company

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:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Bar Association	Hank White	51 North Fairbanks Ct., Chicago, IL 60611-3314	800-285-2221
Philadelphia Bar Association	Kenneth Shear	1101 Market Street, 11 th Floor, Philadelphia, PA 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 ☒If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or 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.

Licensed as Attorney at LawOrganization/Issuer of License: Supreme Court of PennsylvaniaAddress: PO Box 406City: Camp HillState/Province: PennsylvaniaCountry: USAPostal Code: 17001-0046License Type: Attorney'sLicense #: 02644Date Issued (MM/YY): 12/70Date Expired (MM/YY): N/AReason for Termination: Still ActiveNon-Insurance Regulatory Phone Number (if known): (717) 795-2139

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 ☒

- 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 ☒

- 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 ☒

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

Yes ☐ No ☒

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

- 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 ☒

- 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 ☒

- 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 ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ 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.

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. _____

NoneIf 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 ☒

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 ☒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 ☒

- 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 ☐

- 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?

Applicant Company Name: The Penn Mutual Life Insurance Company

NAIC No. 67644
FEIN: 23-0952300

Yes ☒ 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: 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 statutorily 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 in 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 funds 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.

Dated and signed this 19th day of October 20 16 at Horsham. 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.



(Signature of Affiant)

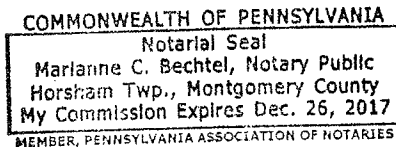
State of: PACounty of: Montgomery

The foregoing instrument was acknowledged before me this 19th day of October 2016 by Franklin Best and:

☒ who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marianne C. Bechtel
Notary Public
MARIANNE C. BECHTEL
Printed Notary Name
12-26-2017
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

Beginning Date	End Date	Name	Address*	Phone	Office/Position Held	Type of Business	Supervisor/Contact
4/1974	Present	The Penn Mutual Life Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-7754	General Counsel & Secretary	Insurance	Kevin Reynolds 215-956-8000
11/15	Present	Longevity Insurance Company	600 Dresher Road Horsham, PA 19044	215-956-7754	Counsel & Secretary	Insurance	Kevin Reynolds 215-956-8000
11/2004	Present	Hornor, Townsend & Kent, Inc.	600 Dresher Road Horsham, PA 19044	215-956-7754	Secretary	Broker/Dealer	Michelle Barry 215-956-8000
11/1998	Present	Hornor, Townsend & Kent, Inc.	600 Dresher Road Horsham, PA 19044	215-956-7754	Counsel	Broker/Dealer	Michelle Barry 215-956-8000
12/2005	Present	HTK Insurance Agency, Inc.	600 Dresher Road Horsham, PA 19044	215-956-7754	Counsel & Secretary	Insurance	N/A
2/2005	5/2008	Penn Series Funds	600 Dresher Road Horsham, PA 19044	215-956-7754	Secretary	Mutual Fund	N/A
11/2012	Present	Penn Series Funds	600 Dresher Road Horsham, PA 19044	215-956-7754	Secretary	Mutual Fund	N/A
1/2005	2/2008	Penn Mutual Asset Management, LLC (formerly Independence Capital Management, Inc.)	600 Dresher Road Horsham, PA 19044	215-956-7754	Assistant Secretary	Investment Management Advisor	N/A
11/2012	Present	Penn Mutual Asset Management, LLC (formerly Independence Capital Management, Inc.)	600 Dresher Road Horsham, PA 19044	215-956-7754	Secretary	Investment Management Advisor	N/A
11/1983	Present	The Penn Insurance & Annuity Company	1209 Orange Street Wilmington, DE 19801	215-956-7754	Asst. Secretary/Secretary & Counsel	Insurance	N/A
12/2013	Present	PIA Reinsurance Company of Delaware I	1201 North Market Street Wilmington, DE 19801	215-956-7754	Counsel & Secretary	Insurance	N/A
7/2014	Present	Leap Systems, LLC	600 Dresher Road Horsham, PA 19044	215-956-7754	Secretary	Software	N/A

* USA unless otherwise noted