

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820148 (5)

1. Corporation Name
BANKERS LIFE INSURANCE COMPANY OF NEW YORK



Principal Place of Business 65 FROELICH FARM BLVD. WOODBURY NY 11797	Mailing Address 65 FROELICH FARM BLVD. WOODBURY NY 11797-2903
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1967	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-1970218		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER STATE CAPITOL BUILDING TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Actuary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSCHE, EUGENE M.	1.2 NAME	Margolin, XXXX Valerie
STREET ADDRESS	12635 ROYCE CT.	1.3 STREET ADDRESS	1 Cypress Drive
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	Woodbury, NY 11797
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERWIN, JAMES J.	2.2 NAME	
STREET ADDRESS	99 CANDEE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAYVILLE NY	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, MARGARET M.	3.2 NAME	
STREET ADDRESS	6828 BLOOMFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, GARRET P.	4.2 NAME	
STREET ADDRESS	1441 E. 151ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORROCK, STEPHEN J.	5.2 NAME	
STREET ADDRESS	88 SCUDDER PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT NY	5.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORENZ, WILLIAM R.	6.2 NAME	
STREET ADDRESS	170 RULEND ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SELDEN NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Risa Dartmann* **4/14/97 516364-5900**

CR2E034 (9/96)