


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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 11787	Mailing Address 65 FROELICH FARM BLVD. WOODBURY NY 11787
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1967	
21	22	26	27	4. FEI Number 13-1970218	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
				FL	85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BUSCHE, EUGENE M.
STREET ADDRESS	12635 ROYCE CT.
CITY-ST-ZIP	CARMEL IN
TITLE	V <input type="checkbox"/> DELETE
NAME	KERWIN, JAMES J.
STREET ADDRESS	99 CANDEE AVENUE
CITY-ST-ZIP	SAYVILLE NY
TITLE	S <input type="checkbox"/> DELETE
NAME	MCKINNEY, MARGARET M.
STREET ADDRESS	6828 BLOOMFIELD DRIVE
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	D <input type="checkbox"/> DELETE
NAME	RYAN, GARRET P.
STREET ADDRESS	1441 E. 151ST STREET
CITY-ST-ZIP	CARMEL IN
TITLE	PD <input type="checkbox"/> DELETE
NAME	SHORROCK, STEPHEN J.
STREET ADDRESS	88 SCUDDER PLACE
CITY-ST-ZIP	NORTHPORT NY
TITLE	A <input type="checkbox"/> DELETE
NAME	MARGOLIN, VALERIE
STREET ADDRESS	1 CYPRESS DR
CITY-ST-ZIP	WOODBURY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 attached sheet with an address.

SIGNATURE: 

CR2E034 (10/97)