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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90123 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 820148

1. Corporation Name
BANKERS LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business Mailing Address
 65 FROELICH FARM BLVD. 65 FROELICH FARM BLVD.
 WOODBURY NY 11797 WOODBURY NY 11797



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/03/1967

4. FEI Number
13-1970218

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D BUSCHE, EUGENE M.**

STREET ADDRESS **12635 ROYCE CT.**

CITY-ST-ZIP **CARMEL IN**

TITLE DELETE

NAME **V KERWIN, JAMES J.**

STREET ADDRESS **99 CANDEE AVENUE**

CITY-ST-ZIP **SAYVILLE NY**

TITLE DELETE

NAME **S MCKINNEY, MARGARET M.**

STREET ADDRESS **6828 BLOOMFIELD DRIVE**

CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE DELETE

NAME **D RYAN, GARRET P.**

STREET ADDRESS **1441 E. 151ST STREET**

CITY-ST-ZIP **CARMEL IN**

TITLE DELETE

NAME **PD SHORROCK, STEPHEN J.**

STREET ADDRESS **88 SCUDDER PLACE**

CITY-ST-ZIP **NORTHPORT NY**

TITLE DELETE

NAME **A MARGOLIN, VALERIE**

STREET ADDRESS **1 CYPRESS DR**

CITY-ST-ZIP **WOODBURY NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **KENNETH A. ROMAN**

1.3 STREET ADDRESS **136 FITZMAURICE ST.**

1.4 CITY-ST-ZIP **MASSAPEQUA PARK, NY 11762**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME **S FOXWOOTHY-PARKER, LISA**

3.3 STREET ADDRESS **696 N. MAIN STREET**

3.4 CITY-ST-ZIP **FRANKLIN, IN 46131**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 attachment with an address, with all other like empowered.

SIGNATURE: Kenneth A. Roman **KENNETH A. ROMAN** Date **2/22/99** Daytime Phone **576-364-5900**

CR2E034 (1/198)