

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:13

DOCUMENT # 831736 (4)

1. Corporation Name
WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business Mailing Address
100 QUENTIN ROOSEVELT BLVD. 100 QUENTIN ROOSEVELT BLVD.
GARDEN CITY NY 11530 GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/29/1974 3a. Date of Last Report 05/01/1994

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 25 29 30

4. FEI Number 13-1976260 Applied For Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME LINGAAS, CHARLES A
STREET ADDRESS 100 QUENTIN ROOSEVELT BLVD
CITY- ST- ZIP GARDEN CITY NY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE P
NAME SULLIVAN, JOESPH M
STREET ADDRESS 100 QUENTIN ROOSEVELT BLVD.
CITY- ST- ZIP GARDEN CITY NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE V
NAME GILBERTSON, GENE, R
STREET ADDRESS 100 QUENTIN ROOSEVELT BV
CITY- ST- ZIP GARDEN CITY NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE V
NAME MARRACELLO, OTTO PASQUAL
STREET ADDRESS 100 QUENTIN ROOSEVELT BV
CITY- ST- ZIP GARDEN CITY NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE V
NAME MORGAN, NICHOLAS
STREET ADDRESS 100 QUENTIN ROOSEVELT BV
CITY- ST- ZIP GARDEN CITY NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
V ORR, DAVID JAMES
100 QUENTIN ROOSEVELT BLVD
GARDEN CITY, NY

TITLE V
NAME DUNN, HARRY
STREET ADDRESS 100 QUENTIN ROOSEVELT BLVD
CITY- ST- ZIP GARDEN CITY NY

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: Joseph M. Sullivan - Joseph M. Sullivan 1/26/95 516-229-3108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR