

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **831736 (4)**

1. Corporation Name

**WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK**



Principal Place of Business

Mailing Address

100 QUENTIN ROOSEVELT BLVD  
GARDEN CITY NY 11530

100 QUENTIN ROOSEVELT BLVD.  
GARDEN CITY NY 11530

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

3. Date Incorporated or Qualified

01/29/1974

3a. Date of Last Report

01/31/1995

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 officer 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 of officer or director or trustee or partner of the corporation

Signature of Registered Agent (signature required if new registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	LINGAAS, CHARLES A	
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD	
CITY- ST- ZIP	GARDEN CITY NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOESPH M	
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD.	
CITY- ST- ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GILBERTSON, GENE, R	
STREET ADDRESS	100 QUENTIN ROOSEVELT BV	
CITY- ST- ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARRACELLO, OTTO PASQUAL	
STREET ADDRESS	100 QUENTIN ROOSEVELT BV	
CITY- ST- ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORR, DAVID JAMES	
STREET ADDRESS	100 QUENTIN ROOSEVELT BOULEVARD	
CITY- ST- ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNN, HARRY	
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD	
CITY- ST- ZIP	GARDEN CITY NY	

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 do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Joseph M Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96  
DATE

(516) 794-3700  
DAYTIME PHONE #

CR2E034 (12/95)