

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

FILED

Jan 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 # 831736 (4)
 1. Corporation Name
WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK



Principal Place of Business 100 QUENTIN ROOSEVELT BLVD. GARDEN CITY NY 11530	Mailing Address 100 QUENTIN ROOSEVELT BLVD. GARDEN CITY NY 11530-4843
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3. Date Incorporated or Qualified 01/29/1974	3a. Date of Last Report 01/30/1996
4. FEI Number 13-1976260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32304**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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. 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 Date: _____ Daytime Phone #: _____

CR2E034 (9/96)