

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90003 024 \*\*\*550.00

**DOCUMENT # 831736**

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-1976260** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BLDG.  
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan R. Newcombe	
STREET ADDRESS	100 Quentin Roosevelt Blvd.	
CITY-ST-ZIP	Garden City, NY	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/11/00* *391-279-4800*  
Date Daytime Phone #

CR2E034 (5/00)



**William Penn**  
Life Insurance Company of New York  
...A Partnership for Life

DOC # 831736

309747

100 Quentin Roosevelt Boulevard  
P.O. Box 519  
Garden City, New York 11530  
(516) 794-3700

September 8, 2000

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Annual Report/Uniform Business Report  
William Penn Life Insurance Company of New York  
Reference No.: 831736

Dear Annual Reports Section:

Enclosed please find a revised copy of William Penn Life Insurance Company of New York's 2000 Uniform Business Report. The report has been revised to include the title of Bryan R. Newcombe.

Should you have any additional questions or concerns regarding the annual report please contact me at 301-279-4860.

Very truly yours,

*D. Laviolette*

Diane Saintil Laviolette  
Associate General Counsel

Enclosure