

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90233 023 \*\*\*550.00

0137169 AB

**DOCUMENT # 831-736**

1. Entity Name  
**WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK**

Principal Place of Business <b>100 QUENTIN ROOSEVELT BLVD.          GARDEN CITY NY 11530</b>	Mailing Address <b>100 QUENTIN ROOSEVELT BLVD.          GARDEN CITY NY 11530</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>13-1976260</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 12, 2001 Fee 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**

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	ORR, DAVID JAMES	
STREET ADDRESS	100 QUENTIN ROOSEVELT BOULEVARD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	NEWCOMBE, BRYAN R	
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		

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: SIG *Charles A. Lingaas* **7-24-01** **301-294-6968**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)