
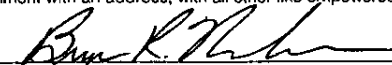



2004 FOR PROFIT CORPORATION REINSTATEMENT

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1976260	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINGAAS, CHARLES A	NAME	500042249325 10/27/04--01059--002 **150.00		
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD	STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, NY	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULLIVAN, JOESPH M	NAME			
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD.	STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, NY	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILBERTSON, GENE, R	NAME			
STREET ADDRESS	100 QUENTIN ROOSEVELT BV	STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, NY	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORR, DAVID JAMES	NAME			
STREET ADDRESS	100 QUENTIN ROOSEVELT BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, NY	CITY-ST-ZIP			
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWCOMBE, BRYAN R	NAME			
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD	STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, NY	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	D C		
STREET ADDRESS		STREET ADDRESS	DAVID SCOTT LENABURG		
CITY-ST-ZIP		CITY-ST-ZIP	100 QUENTIN ROOSEVELT BLVD. GARDEN CITY, NY 11530		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: 10-25-04		Daytime Phone #: (301) 294-6968	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
04 OCT 27 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252004 REIN-P CR2E098 (6/04)

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

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

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. I am familiar with, and accept the obligations of registered agent.

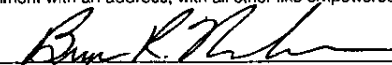
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. 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: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: P <input type="checkbox"/> Delete NAME: SULLIVAN, JOESPH M STREET ADDRESS: 100 QUENTIN ROOSEVELT BLVD. CITY-ST-ZIP: GARDEN CITY, NY	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: V <input type="checkbox"/> Delete NAME: GILBERTSON, GENE, R STREET ADDRESS: 100 QUENTIN ROOSEVELT BV CITY-ST-ZIP: GARDEN CITY, NY	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: D C STREET ADDRESS: DAVID SCOTT LENABURG CITY-ST-ZIP: 100 QUENTIN ROOSEVELT BLVD. GARDEN CITY, NY 11530

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: **10-25-04** Daytime Phone #: **(301) 294-6968**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR