


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State


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**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LINGAAS, CHARLES A
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD
CITY-ST-ZIP	GARDEN CITY, NY
TITLE	P
NAME	SULLIVAN, JOESPH M
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD.
CITY-ST-ZIP	GARDEN CITY, NY
TITLE	V
NAME	GILBERTSON, GENE, R
STREET ADDRESS	100 QUENTIN ROOSEVELT BV
CITY-ST-ZIP	GARDEN CITY, NY
TITLE	V
NAME	ORR, DAVID JAMES
STREET ADDRESS	100 QUENTIN ROOSEVELT BOULEVARD
CITY-ST-ZIP	GARDEN CITY, NY
TITLE	VPS
NAME	NEWCOMBE, BRYAN R
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD
CITY-ST-ZIP	GARDEN CITY, NY
TITLE	DC
NAME	LENABURG, DAVID S
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD
CITY-ST-ZIP	GAREDN CITY, NY 11530

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04/26/05-80059-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4-19-05** (301) 294-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #