


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 831736</b> Entity Name <b>WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK</b>			
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>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V LINGAAS, CHARLES A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 QUENTIN ROOSEVELT BLVD	NAME	110188844859
STREET ADDRESS	GARDEN CITY, NY	STREET ADDRESS	03/09/06-80044-012 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P SULLIVAN, JOESPH M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 QUENTIN ROOSEVELT BLVD.	NAME	
STREET ADDRESS	GARDEN CITY, NY	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V GILBERTSON, GENE, R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 QUENTIN ROOSEVELT BV.	NAME	
STREET ADDRESS	GARDEN CITY, NY	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V ORR, DAVID JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 QUENTIN ROOSEVELT BOULEVARD	NAME	
STREET ADDRESS	GARDEN CITY, NY	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPS NEWCOMBE, BRYAN R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 QUENTIN ROOSEVELT BLVD	NAME	
STREET ADDRESS	GARDEN CITY, NY	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DC LENABURG, DAVID S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 QUENTIN ROOSEVELT BLVD	NAME	
STREET ADDRESS	GARDEN CITY, NY 11530	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>B. K. M. L.</u>		Date: <u>2-23-06</u> (301) 274-6968	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	