


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 831736</b>	
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
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-1976260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2007 Fee will be \$550.00**

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

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

1100000652052  
03/12/07-80003-004 150.00

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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:**  **2/22/07 3012794102**

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