

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 027 ***550.00

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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**

40102574



05122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 \$550.00 Due by September 12, 2008

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

DO NOT WRITE IN THIS SPACE

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: Bryan R Newcombe Bryan R Newcombe 5-1308 (301)294-6908

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