

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831736

FILED
Jun 29, 2009
Secretary of State

Entity Name: WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

100 QUENTIN ROOSEVELT BLVD.
GARDEN CITY, NY 11530

New Principal Place of Business:

Current Mailing Address:

100 QUENTIN ROOSEVELT BLVD.
GARDEN CITY, NY 11530

New Mailing Address:

FEI Number: 13-1976260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LINGAAS, CHARLES A
Address: 100 QUENTIN ROOSEVELT BLVD
City-St-Zip: GARDEN CITY, NY

Title: P () Delete
Name: SULLIVAN, JOESPH M
Address: 100 QUENTIN ROOSEVELT BLVD.
City-St-Zip: GARDEN CITY, NY

Title: V () Delete
Name: GILBERTSON, GENE, R
Address: 100 QUENTIN ROOSEVELT BV
City-St-Zip: GARDEN CITY, NY

Title: V () Delete
Name: ORR, DAVID JAMES
Address: 100 QUENTIN ROOSEVELT BOULEVARD
City-St-Zip: GARDEN CITY, NY

Title: VPS () Delete
Name: NEWCOMBE, BRYAN R
Address: 100 QUENTIN ROOSEVELT BLVD
City-St-Zip: GARDEN CITY, NY

Title: DC () Delete
Name: LENABURG, DAVID S
Address: 100 QUENTIN ROOSEVELT BLVD
City-St-Zip: GARDEN CITY, NY 11530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ATKINS, JAMES D
Address: 100 QUENTIN ROOSEVELT BLVD.
City-St-Zip: GARDEN CITY, NY

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN NEWCOMBE

VP

06/29/2009

Electronic Signature of Signing Officer or Director

Date