

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831736

FILED
Mar 19, 2012
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

OFFICERS AND DIRECTORS:

Title: V
Name: LINGAAS, CHARLES A
Address: 100 QUENTIN ROOSEVELT BLVD
City-St-Zip: GARDEN CITY, NY 11530

Title: PDC
Name: ATKINS, JAMES D
Address: 100 QUENTIN ROOSEVELT BLVD.
City-St-Zip: GARDEN CITY, NY 11530

Title: VDT
Name: GILBERTSON, GENE R
Address: 100 QUENTIN ROOSEVELT BV
City-St-Zip: GARDEN CITY, NY 11530

Title: VD
Name: ORR, DAVID J
Address: 100 QUENTIN ROOSEVELT BOULEVARD
City-St-Zip: GARDEN CITY, NY 11530

Title: VS
Name: NEWCOMBE, BRYAN R
Address: 100 QUENTIN ROOSEVELT BLVD
City-St-Zip: GARDEN CITY, NY 11530

I hereby 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 all other like empowered.

SIGNATURE: BRYAN R NEWCOMBE

VS

03/19/2012

Electronic Signature of Signing Officer or Director

_____ Date