

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90060 032 ***150.00

CR2E034 (10/02)

DOCUMENT # 831736

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**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-1976260**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	LINGAAS, CHARLES A	
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOESPH M	
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD.	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILBERTSON, GENE, R	
STREET ADDRESS	100 QUENTIN ROOSEVELT BV	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	ORR, DAVID JAMES	
STREET ADDRESS	100 QUENTIN ROOSEVELT BOULEVARD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	NEWCOMBE, BRYAN R	
STREET ADDRESS	100 QUENTIN ROOSEVELT BLVD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Bryan R Newcombe 1/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR