

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820148

1. Entity Name

BANKERS LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

Mailing Address

65 FROELICH FARM BLVD.  
WOODBURY NY 11797

65 FROELICH FARM BLVD.  
WOODBURY NY 11797-2903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1970218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER  
STATE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D. ☒ Delete  
NAME BUSCHE, EUGENE M.  
STREET ADDRESS 12635 ROYCE CT.  
CITY-ST-ZIP CARMEL IN

TITLE William A. Walsh ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 12 Wendy Lane  
CITY-ST-ZIP East Northport, NY 11731

TITLE V ☐ Delete  
NAME KERWIN, JAMES J.  
STREET ADDRESS 99 CANDEE AVENUE  
CITY-ST-ZIP SAYVILLE NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ROMAN, KENNETH  
STREET ADDRESS 136 FITZMAURICE ST  
CITY-ST-ZIP MASSAPEQUA PARK NY 11762

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RYAN, GARRET P.  
STREET ADDRESS 1441 E. 151ST STREET  
CITY-ST-ZIP CARMEL IN 46032

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME SHORROCK, STEPHEN J.  
STREET ADDRESS 88 SCUDDER PLACE  
CITY-ST-ZIP NORTHPORT NY

TITLE President and CEO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 52 School St  
CITY-ST-ZIP North Port, NY 11768

TITLE A ☐ Delete  
NAME MARGOLIN, VALERIE  
STREET ADDRESS 1 CYPRESS DR  
CITY-ST-ZIP WOODBURY NY 11797

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth A. Roman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH A. ROMAN

4/13/2000

516-364-5900

Date

Daytime Phone #

CR2E034 (9/99)