2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 08:00 AM DOCUMENT # 820148 1. Entity Name **Secretary of State** BANKERS LIFE INSURANCE COMPANY OF NEW YORK Principal Place of Business Mailing Address 65 FROEHLICH FARM BLVD. 65 FROEHLICH FARM BLVD. WOODBURY WOODBURY NY 11797 11797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1970218 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE INSURANCE COMMISSIONER STATE CAPITOL BUILDING Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL32301 US 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 04/24/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MARGOLIN VALERIE MAME NAME MARGOLIN VALERIE 1 CYPRESS DR STREET ADDRESS 1 CYPRESS DR STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 WOODBURY CITY-ST-ZIP ☐ Delete TITLE PCOO TITLE P/D X Change NAME SHORROCK STEPHEN J. NAME SHORROCK STEPHEN J. STREET ADDRESS 52 SCHOOL ST STREET ADDRESS 52 SCHOOL ST CITY-ST-ZIP NORTHPORT NY 11768 CITY-ST-ZIP NORTHPORT NY11768 Delete TITLE ☐ Addition GARRET P. NAME NAME STREET ADDRESS 1441 E. 151ST STREET STREET ADDRESS CITY-ST-ZIP CARMEL 46032 CITY-ST-ZIP ☐ Delete TITLE Change Change Addition ROMAN KENNETH NAME STREET ADDRESS 136 FITZMAURICE ST STREET ADDRESS CITY-ST-ZIP MASSAPEQUA PARK NY 11762 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition KERWIN JAMES J. NAME KERWIN JAMES J. STREET ADDRESS 99 CANDEE AVENUE STREET ADDRESS 99 CANDEE AVENUE CITY-ST-ZIP SAYVILLE NY CITY-ST-ZIP SAYVILLE NY 11782 Delete TITLE Change ☐ Addition WALSH WILLIAM NAME STREET ADDRESS 12 WENDY LANE STREET ADDRESS CITY-ST-ZIP EAST NORTHPORT CITY-ST-ZIP NY 11731 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.

KENNETH ANTHONY ROMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

T 04/24/2001

Date Daytime Phone #

JONATHAN ANDREW CLARK - AVP 38 4TH STREET

LOCUST VALLEY, NY 11560

GEORGE ALBERT THIEL - DIRECTOR 4 BIRCHWOOD CT

MINEOLA, NY 11501

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MINEOLA, NY 11501

GENE ELWOOD SEASE 7901 W. MOORESVILLE ROAD

CAMBY, IN 46113

LARRY ROBERT PRIBBLE 12443 PEBBLEPOINT PASS

CARMEL, IN 46033

ANDREW JACKSON PAINE - DIRECTOR 4204 N PENNSYLVANIA

INDIANAPOLIS, IN 46205

PAUL KAI MARIBOE - VICE PRESIDENT 125 PARK AVENUE #A3 AMITYVILLE, NY 11701 WILLIAM JOHN LOVEDAY - DIRECTOR 7828 TRADERS COVE LANE

INDIANAPOLIS, IN 46254

RICHARD T. FREIJE - DIRECTOR

INDIANAPOLIS, IN 46236

LISA FOXWORTHY-PARKER - SECRETARY 696 N. MAIN STREET

FRANKLIN, IN 46131

JOHN JOSEPH FAHRENBACH - DIRECTOR 5405 N. 150 W

LEBANON, IN 46052

MARYANN ELLIS - VICE PRESIDENT 218 WYNGATE DRIVE

N. MASSAPEQUA, NY 11758

GREGORY JOHN CARNEY - DIRECTOR 8705 STURGEON BAY LANE

INDIANAPOLIS, IN 46236