

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90168 042 ***150.00

DOCUMENT # 820148

1. Entity Name

BANKERS LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

**65 FROELICH FARM BLVD.
 WOODBURY NY 11797**

Mailing Address

**65 FROELICH FARM BLVD.
 WOODBURY NY 11797**

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	WALSH, WILLIAM A	
STREET ADDRESS	12 WENDY LANE	
CITY-ST-ZIP	EAST NORTHPORT NY 11731	
TITLE	V	<input type="checkbox"/> Delete
NAME	KERWIN, JAMES J.	
STREET ADDRESS	99 CANDEE AVENUE	
CITY-ST-ZIP	SAYVILLE NY 11782	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROMAN, KENNETH	
STREET ADDRESS	136 FITZMAURICE ST	
CITY-ST-ZIP	MASSAPEQUA PARK NY 11762	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, GARRET P.	
STREET ADDRESS	1441 E. 151ST STREET	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	SHORROCK, STEPHEN J.	
STREET ADDRESS	52 SCHOOL ST	
CITY-ST-ZIP	NORTHPORT NY 11768	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARGOLIN, VALERIE	
STREET ADDRESS	1 CYPRESS DR	
CITY-ST-ZIP	WOODBURY NY 11797	

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment:
BANKERS LIFE OF NY #820148
 An **AMERUS** Company

OFFICERS AND DIRECTORS		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD L. BEPKO 5801 SUNSET LANE INDIANAPOLIS, IN 46228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP, ACTUARY JONATHAN A. CLARK 38 4 TH STREET LOCUST VALLEY, NY 11560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGER K. BROOKS 5205 WOODLAND AVENUE DES MOINES, IA 50312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARYANN ELLIS 218 WYNGATE DRIVE NORTH MASSAPEQUA, NY 11758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH J. CARGIULO 232 BAYVIEW AVENUE MASSAPEQUA, NY 11758	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISA P. FOXWORTHY-PARKER 139 ULEN BOULEVARD LEBANON, IN 46052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH JO KRAFT-MEEK 410 SUGAR TREE LANE INDIANAPOLIS, IN 46260	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D THOMAS C. GODLASKY 1516 S. 42 ND STREET WEST DES MOINES, IA 50265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM J. LOVEDAY 7828 TRADERS COVE LANE INDIANAPOLIS, IN 46254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL K. MARIBOE 125 PARK AVENUE #A3 AMITYVILLE, NY 11701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY R. MCPHAIL 3151 VALLEY RIDGE CT. WEST DES MOINES, IA 50265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID M. MARTIN 100 MARKET STREET #406 DES MOINES, IA 50309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. GENE E. SEASE 7901 W. MOORESVILLE ROAD CAMBY, IN 46113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENISE M. MENDT 104 TH 17 TH STREET SE ALTOONA, IA 50312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATHY J. BAUER 1013 SOUTH R. STREET INDIANOLA, IA 50125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE ANN SCHOTT 1409 NW 103 RD STREET CLIVE, IA 50325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETER M. BIRKEY 2514 NW 135 TH STREET URBANDALE, IA 50323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEVIN J. WAGONER 1101 58 TH STREET WEST DES MOINES, IA 50266