

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90120 007 ***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
**699 WALNUT STREET
STE 1400
DES MOINES, IA 50309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052005

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KERWIN, JAMES J. ☐ Delete
STREET ADDRESS 65 FROELICH FARMS BLVD
CITY- ST- ZIP WOODBURY, NY 11797

TITLE V ☐ Change ☒ Addition
NAME Pathman, Siva I.
STREET ADDRESS 611 Fifth Avenue
CITY- ST- ZIP Des Moines, IA 50309

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 V ☐ Delete
NAME MUGGE, MARK S
STREET ADDRESS 699 WALNUT STREET
CITY- ST- ZIP DES MOINES, IA 50309

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

Mark S. Mugge

Mark S. Mugge

7/6/05

515-557-3935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #