## **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 831736** 

Entity Name: WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

FILED
Mar 20, 2013
Secretary of State
CC8632204965

## **Current Principal Place of Business:**

100 QUENTIN ROOSEVELT BLVD. GARDEN CITY. NY 11530

## **Current Mailing Address:**

100 QUENTIN ROOSEVELT BLVD. GARDEN CITY, NY 11530

FEI Number: 13-1976260 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title V Title PDC

Name LINGAAS, CHARLES A Name ATKINS, JAMES D

Address 100 QUENTIN ROOSEVELT BLVD Address 100 QUENTIN ROOSEVELT BLVD.

City-State-Zip: GARDEN CITY NY 11530 City-State-Zip: GARDEN CITY NY 11530

Title VDT Title VD

Name GILBERTSON, GENE R Name ORR, DAVID J

Address 100 QUENTIN ROOSEVELT BV Address 100 QUENTIN ROOSEVELT

City-State-Zip: GARDEN CITY NY 11530

BOULEVARD

City-State-Zip: GARDEN CITY NY 11530

City-State-Zip: GARDEN CITY NY 11530

Title VS

Name NEWCOMBE, BRYAN R

Address 100 QUENTIN ROOSEVELT BLVD

City-State-Zip: GARDEN CITY NY 11530

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN R. NEWCOMBE

SECRETARY, VICE PRESIDENT, AND GENERAL COUNSEL 03/20/2013