

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 831736

**FILED**  
**May 02, 2019**  
**Secretary of State**  
**9803757573CC**

**Entity Name:** WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

**Current Principal Place of Business:**

70 EAST SUNRISE HIGHWAY  
SUITE 500  
VALLEY STREAM, NY 11581

**Current Mailing Address:**

3275 BENNETT CREEK AVENUE  
FREDERICK, MD 21704 US

**FEI Number:** 13-1976260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
BOX 6200 (32314-6200)  
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 DIRECTOR  
Name HICKMAN, BERNARD L  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

Title SECRETARY, VP  
Name NEWCOMBE, BRYAN R  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

Title VP, DIRECTOR, TREASURER, CFO  
Name LOVE, ANDREW D  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

Title VP, DIRECTOR  
Name JENKINS, SHARON P  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR  
Name LAMBERT, DEBORAH D  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR  
Name MURRIN, JOHN J  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

Title VP, DIRECTOR  
Name THOMPSON, TROY  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR  
Name SURPRENANT, PHILLIP C  
Address 3275 BENNETT CREEK AVENUE  
City-State-Zip: FREDERICK MD 21704

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*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:** GEOFFREY D GENTILUCCI

**ASSISTANT SECRETARY** 05/02/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT & CEO  
Name            HOLWEGER, MARK  
Address        70 EAST SUNRISE HIGHWAY  
                 SUITE 500  
City-State-Zip: VALLEY STREAM NY 11581

Title            ASST. SECRETARY  
Name            GENTILUCCI, GEOFFREY D  
Address        3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704