

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 831736

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC3448691096**

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

**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  
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 V  
Name LINGAAS, CHARLES A  
Address 100 QUENTIN ROOSEVELT BLVD  
City-State-Zip: GARDEN CITY NY 11530

Title PDC  
Name ATKINS, JAMES D  
Address 100 QUENTIN ROOSEVELT BLVD.  
City-State-Zip: GARDEN CITY NY 11530

Title VDT  
Name GILBERTSON, GENE R  
Address 100 QUENTIN ROOSEVELT BV  
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

**VP, SECRETARY, &  
GENERAL COUNSEL**

**03/26/2014**

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

\_\_\_\_\_  
Date