

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90124 001 ***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 - No P.O. Box #		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		
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 14, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PD KERWIN, JAMES J. 65 FROELICH FARMS BLVD WOODBURY, NY 11797 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Christopher James Littlefield SD ☐ Change ☒ Addition 699 Walnut Street, Des Moines, IA 50309		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATHMAN, SIVA I 611 FIFTH AVENUE DES MOINES, IA 50309 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mark Kent Hammond T ☐ Change ☒ Addition 699 Walnut Street, Des Moines, IA 50309		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYAN, GARRET P. 1441 E. 151ST STREET CARMEL, IN 46032 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	William Jeffrey Heng V ☐ Change ☒ Addition 699 Walnut Street, Des Moines, IA 50309		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MUGGE, MARK S 699 WALNUT STREET DES MOINES, IA 50309 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	David Allen Arledge D ☐ Change ☒ Addition 65 Froelich Farms Blvd, Woodbury, NY 11797		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARGOLIN, VALERIE 1 CYPRESS DR WOODBURY, NY 11797 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas Charles Godlasky D ☐ Change ☒ Addition 699 Walnut Street, Des Moines, IA 50309		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHALLENBERGER, JAMES A 699 WALNUT ST DES MOINES, IA 50309 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas Francis Gaffney D ☐ Change ☒ Addition 65 Froelich Farms Blvd, Woodbury, NY 11797		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>David M. Wingert</u> <u>David M. Wingert</u> <u>7/2/2007</u> <u>515-862-3678</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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