

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825564

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: PRESIDENTIAL LIFE INSURANCE COMPANY

## Current Principal Place of Business:

69 LYDECKER ST.  
NYACK, NY 10960

## New Principal Place of Business:

## Current Mailing Address:

69 LYDECKER ST.  
NYACK, NY 10960

## New Mailing Address:

FEI Number: 13-2570714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMYX INSURANCE SERVICES INC.  
4175 EAST BAY DRIVE  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: DASH, KATHLEEN  
Address: 69 LYDECKER ST.  
City-St-Zip: NYACK, NY 10960

Title: VP ( ) Delete  
Name: KRAMER, MARIA,  
Address: 69 LYDECKER ST.  
City-St-Zip: NYACK, NY 10960

Title: CFO ( ) Delete  
Name: SNYDER, CHARLES  
Address: 69 LYDECKER ST.  
City-St-Zip: NYACK, NY 10960

Title: PRES ( ) Delete  
Name: BARNES, DONALD  
Address: 69 LYDECKER STREET  
City-St-Zip: NYACK, NY 10960

Title: SVP ( ) Delete  
Name: ABRAMS, MARK  
Address: 69 LYDECKER STREET  
City-St-Zip: NYACK, NY 10960

Title: CEO ( ) Delete  
Name: KURZ, HERBERT  
Address: 69 LYDECKER STREET  
City-St-Zip: NYACK, NY 10960

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES SNYDER

CFO

01/27/2009

Electronic Signature of Signing Officer or Director

Date