

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90137 032 ***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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03132006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 13-1970218	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
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	S Shalkenburger, James A 699 Walnut Street Des Moines, IA 50309	☐ Change ☒ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARGOLIN, VALERIE 1 CYPRESS DR WOODBURY, NY 11797	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 any new information.					
SIGNATURE: _____ Mark S. Mugge 3-13-06 (515) 557-3935					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					