2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State
07-16-2007 90124 001 ***150.00

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1. Entity Name
BANKERS LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business	Mailing Address
65 FROEHLICH FARM BLVD. WOODBURY, NY 11797	699 WALNUT STREET STE 1400 DES MOINES, IA 50309

07032007 Chg-P CR2E034 (12/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 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	Mark Kent Hammond T 699 Walnut Street, Des Moines, IA 50309	☐ 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	William Jeffrey Heng V 699 Walnut Street, Des Moines, IA 50309	☐ 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	David Allen Arledge D 65 Froelich Farms Blvd, Woodbury, NY 11797	☐ 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	Thomas Charles Godlasky D 699 Walnut Street, Des Moines, IA 50309	☐ Change ■ Addition
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 65 Froelich Farms Blvd, Woodbury, NY 11797	☐ 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 all other like empowered.

SIGNATURE: David M. Wingert David M. Wingert 7/2/2007 515-362-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #