

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **820148** (5)
1. Corporation Name
BANKERS LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business
**65 FROELICH FARM BLVD.
WOODBURY NY 11797**

Mailing Address
**65 FROELICH FARM BLVD.
WOODBURY NY 11797**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1967	
21		26		4. FEI Number 13-1970218	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
STATE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BUSCHE, EUGENE M.	1.2 NAME	
STREET ADDRESS	12635 ROYCE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KERWIN, JAMES J.	2.2 NAME	
STREET ADDRESS	99 CANDEE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAYVILLE NY	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, MARGARET M.	3.2 NAME	
STREET ADDRESS	6828 BLOOMFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, GARRET P.	4.2 NAME	
STREET ADDRESS	1441 E. 151ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHORROCK, STEPHEN J.	5.2 NAME	
STREET ADDRESS	88 SCUDDER PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT NY	5.4 CITY-ST-ZIP	
TITLE	A ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MARGOLIN, VALERIE	6.2 NAME	
STREET ADDRESS	1 CYPRESS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY NY	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE: X

CR2E034 (10/97)