

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90123 008 ***150.00

DOCUMENT # 820148

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

3. Date Incorporated or Qualified

01/03/1967

4. FEI Number

13-1970218

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
STATE CAPITOL BUILDING
TALLAHASSEE FL 32301

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
NAME BUSCHE, EUGENE M.
STREET ADDRESS 12635 ROYCE CT.
CITY-ST-ZIP CARMEL IN

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME T. KENNETH A. ROMAN
1.3 STREET ADDRESS 136 FITZMAURICE ST.
1.4 CITY-ST-ZIP MASSAPEQUA PARK, NY 11762

TITLE V ☐ DELETE
NAME KERWIN, JAMES J.
STREET ADDRESS 99 CANDEE AVENUE
CITY-ST-ZIP SAYVILLE NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME MCKINNEY, MARGARET M.
STREET ADDRESS 6828 BLOOMFIELD DRIVE
CITY-ST-ZIP INDIANAPOLIS IN

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME S. FOXWOOTHY-PARKER, LISA
3.3 STREET ADDRESS 696 N. MAIN STREET
3.4 CITY-ST-ZIP FRANKLIN, IN 46131

TITLE D ☐ DELETE
NAME RYAN, GARRET P.
STREET ADDRESS 1441 E. 151ST STREET
CITY-ST-ZIP CARMEL IN

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME SHORROCK, STEPHEN J.
STREET ADDRESS 88 SCUDDER PLACE
CITY-ST-ZIP NORTHPORT NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE A ☐ DELETE
NAME MARGOLIN, VALERIE
STREET ADDRESS 1 CYPRESS DR
CITY-ST-ZIP WOODBURY NY

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth A. Roman 2/23/99 576-364-5900

Date

Daytime Phone

CR2E034 (1/98)