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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840370 (1)
1. Corporation Name
COMBINED LIFE INSURANCE COMPANY OF NEW YORK



Principal Place of Business

Mailing Address

123 N. WACKER DRIVE
CHICAGO IL 60606

P.O. BOX 8264
CHICAGO IL 60606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1978

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

4. FEI Number

14-1537177

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD ☐ DELETE
NAME RAVIN, RICHARD M
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL
TITLE V ☐ DELETE
NAME BAER, JEROME I
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL
TITLE VTD ☐ DELETE
NAME STONE, JOHN R
STREET ADDRESS 7 WASHINGTON SQUARE
CITY-ST-ZIP ALBANY NY
TITLE D ☐ DELETE
NAME WHITE, JAMES D
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL
TITLE VSD ☐ DELETE
NAME MARKOVITS, RONALD D
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL
TITLE V ☐ DELETE
NAME MEDVIN, HARVEY N
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

1.1 TITLE Asst. V.P. - Taxes ☐ Change ☒ Addition
1.2 NAME Susan Fyda
1.3 STREET ADDRESS 123 N. Wacker Dr.
1.4 CITY-ST-ZIP Chicago, IL 60606 ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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.

CR2E034 (10/97)