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May 04, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840370

1. Corporation Name

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

123 N. WACKER DRIVE  
CHICAGO IL 60606

Mailing Address

P.O. BOX 8264  
CHICAGO IL 60606  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1978

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE

JEROME I. BAER / V.P.-TAXES

Date

Daytime Phone #

CR2E034 (11/98)