

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840370

1. Entity Name

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90032 011 \*\*\*150.00

Principal Place of Business

Mailing Address

123 N. WACKER DRIVE  
CHICAGO IL 60606

P.O. BOX 8264  
CHICAGO IL 60606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1537177

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME RAVIN, RICHARD M  
STREET ADDRESS 123 N.WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME BAER, JEROME I  
STREET ADDRESS 123 N. WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☒ Delete  
NAME STONE, JOHN R  
STREET ADDRESS 7 WASHINGTON SQUARE  
CITY-ST-ZIP ALBANY NY

TITLE Vice President, Treasurer ☐ Change ☐ Addition  
NAME Director Michael F. Hurd  
STREET ADDRESS 123 N. Wacker Dr.  
CITY-ST-ZIP Chicago, IL 60606

TITLE D ☒ Delete  
NAME WHITE, JAMES D  
STREET ADDRESS 123 N. WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE Director ☐ Change ☐ Addition  
NAME Michael F. Hurd  
STREET ADDRESS 123 N. Wacker Dr.  
CITY-ST-ZIP Chicago, IL 60606

TITLE VSD ☒ Delete  
NAME MARKOVITS, RONALD D  
STREET ADDRESS 123 N. WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MEDVIN, HARVEY N  
STREET ADDRESS 123 N. WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 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

Date

Daytime Phone #

4/19/00 (312)70-3978