

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840370

Entity Name: COMBINED LIFE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

13 CORNELL ROAD, 1ST FLOOR
AIRPORT PARK
LATHAM, NY 12110

Current Mailing Address:

13 CORNELL ROAD, 1ST FLOOR
AIRPORT PARK
LATHAM, NY 12110

FEI Number: 14-1537177

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BENNETT, BRAD M
Address 1000 N. MILWAUKEE AVE.
City-State-Zip: GLENVIEW IL 60025

Title EVPD
Name LIPPAL, STEVEN E
Address 1000 N. MILWAUKEE AVE.
City-State-Zip: GLENVIEW IL 60025

Title AS
Name COLLINS, REBECCA L
Address 1000 N. MILWAUKEE AVE.
City-State-Zip: GLENVIEW IL 60025

Title T
Name JORDAN, JOSEPH J
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title SECRETARY
Name GIGANTI, CARMINE A.
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title CFO
Name SPITZER, DREW K.
Address 1000 MILWAUKEE AVENUE
City-State-Zip: GLENVIEW IL 60025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA L. COLLINS

AS

01/08/2013

Electronic Signature of Signing Officer/Director Detail

Date