

2014 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	LIPPAI, 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**ASSISTANT SECRETARY** 01/13/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date