

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06829

**Entity Name:** MONITOR LIFE INSURANCE COMPANY OF NEW YORK**Current Principal Place of Business:**500 STEED RD.  
RIDGELAND, MS 39157**Current Mailing Address:**P.O. BOX 16708  
JACKSON, MS 39236 US**FEI Number: 16-0986348****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name TREVETT, PAUL H  
Address 392 PARDEEVILLE RD  
City-State-Zip: COLD BROOK NY

Title DP  
Name WHITE, DAVID R  
Address 500 STEED RD.  
City-State-Zip: RIDGELAND MS 39157

Title DVP  
Name MORGAN, JOHN J  
Address 500 STEED RD.  
City-State-Zip: RIDGELAND MS 39157

Title DST  
Name EATON, RICHARD L  
Address 500 STEED RD.  
City-State-Zip: RIDGELAND MS 39157

Title DVP  
Name EATON, RYAN L  
Address 500 STEED RD.  
City-State-Zip: RIDGELAND MS 39157

Title DVP  
Name PEETS, JASON A  
Address 6040 I-55 N. FRONTAGE RD  
City-State-Zip: JACKSON MS 39211

Title DIRECTOR, VP  
Name DOUGLAS, JAMES K  
Address 500 STEED RD.  
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR  
Name AIKEN, RICHARD W  
Address 2219 GREENBRIAR DR.  
City-State-Zip: JACKSON MS 39211

**Continues on page 2**

*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: RICHARD L EATON****SECRETARY****01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	YOUNG, EDWARD
Address	1850 WILLIAM PENN WAY, SUITE 202
City-State-Zip:	LANCASTER PA