


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 804766 1. Entity Name THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK |  |
|---|---|

Principal Place of Business
**830 THRID AVE.
NEW YORK, NY 10022**

Mailing Address
**3600 ROUTE 66, P.O. BOX 1580
GAAP DEPT. (MSN 4-K)
NEPTUNE, NJ 07754-1580 US**



04192006 No Chg-P CR2E034 (11/05)

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| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 13-5459480 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | CD |
| NAME | MARTIN, JR R O |
| STREET ADDRESS | 2929 ALLEN PARKWAY |
| CITY-ST-ZIP | HOUSTON, TX 77109 |
| TITLE | V |
| NAME | MARASH, RANDY J |
| STREET ADDRESS | 3600 ROUTE 66 |
| CITY-ST-ZIP | NEPTUNE, NJ 07754 |
| TITLE | S |
| NAME | TUCK, ELIZABETH M |
| STREET ADDRESS | 70 PINE STREET |
| CITY-ST-ZIP | NEW YORK, NY 10270 |
| TITLE | VT |
| NAME | BEDNARSKI, WALTER E |
| STREET ADDRESS | 3600 RTE 66 |
| CITY-ST-ZIP | NEPTUNE, NJ 07754 |
| TITLE | PD |
| NAME | DAVID, DIETZ |
| STREET ADDRESS | 830 THRID AVE. |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/05/06-80052-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Bednarski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2006 (732) 922-7415

Date

Daytime Phone #