

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90391 018 \*\*\*150.00

<b>DOCUMENT # 804766</b>					
<b>1. Entity Name</b> THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK					
<b>Principal Place of Business</b> 830 THRID AVE. NEW YORK, NY 10022		<b>Mailing Address</b> 3600 ROUTE 66, P.O. BOX 1580 GAAP DEPT. (MSN 4-K) NEPTUNE, NJ 07754-1580 US		40086809 	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312008 Chg-P CR2E034 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 13-5459480	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, JR R O		NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77109		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARASH, RANDY J		NAME		
STREET ADDRESS	3600 ROUTE 66		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE, NJ 07754		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M		NAME		
STREET ADDRESS	70 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10270		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEDNARSKI, WALTER E		NAME		
STREET ADDRESS	3600 RTE 66		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE, NJ 07754		CITY-ST-ZIP		
TITLE	CEOC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVID, DIETZ		NAME	VCFO	
STREET ADDRESS	830 THRID AVE.		STREET ADDRESS	Mary Jane Fortin	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	2929 Allen Parkway	
				Houston, TX 77109	
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINTER, MATTHEW		NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77109		CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <u>R. Marash</u>		Randy Marash		04-22-08 (732) 922-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	