

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:38

DOCUMENT # 808643 (1)

1. Corporation Name

AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE C
OMPANY OF NEW YORK

Principal Place of Business

MT. EBO CORP. PARK
RT 22, BLDG. # 1 (P.O. BOX 23)
BREWSTER NY 10509-7023

Mailing Address

MT. EBO CORP. PARK
RT 22, BLDG. # 1 (P.O. BOX 23)
BREWSTER NY 10509-7023

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date incorporated or Qualified

07/30/1951

3a. Date of Last Report

07/20/1994

4. FEI Number

13-1851754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when needed)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
BARASCH, RICHARD A.
88 CENTRAL PARK W 8W
NEW YORK NY

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
GORDIS, PHILIP
380 RECTOR PLACE
NEW YORK NY

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

AS
FERRARONE, JOAN M.
150 MIDDLE RIVER RD
DANBURY CT

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

S
BARASCH, MICHAEL A.
920 PARK AVENUE
NEW YORK NY

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP
WEHNER, WILLIAM E.
340 QUAKER ROAD
CHAPPAQUA NY

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP
LYN, SHAU H.
28 TIFFANY DRIVE
WINDSOR CT

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

See attached

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan M. Ferrarone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joan M. Ferrarone

Assistant Secretary 1/19/94 914-278-2080

AMERICAN PROGRESSIVE LIFE & HEALTH
INSURANCE COMPANY OF NEW YORK
MT. EBO CORPORATE PARK, BOX 23
BREWSTER, NEW YORK 10509-0023
(914) 278-2080 FAX (914-278-4283)

OFFICERS & DIRECTORS

D/VC

Marvin Barasch
920 Park Avenue
New York, New York 10028

D/C

Norman Barasch
2 Purchase Hills Drive
Purchase, New York 10577

D

Bruce A. Bunner
27 Cardinal Road
Weston, Connecticut 06883

D

Gerald Dolman
1 Barlow Drive North
Brooklyn, New York 11234

D

Mark Harmeling
108 Chestnut Street
N. Reading, Massachusetts 01864

D

Walter Harris
1155 Park Avenue, #5SW
New York, New York 10019

SVP/T/D

Robert A. Waeglein
28 Stirrup Trail
Pawling, New York 12564

AVP

William M. Daly
11 Stony Hill Village
Brookfield, Connecticut 06804

AVP

Howard A. King
RD#2, Bullet Hole Road
Patterson, New York 12563

AVP

Leanne Russo
329 W. 108th Street
New York, New York 10025

AVP

Jeffery A. Scott
285 N. Salem Road
Ridgefield, Connecticut 06877