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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SIX INTERNATIONAL DRIVE		27 SIX INTERNATIONAL DRIVE		07/30/1951	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 190		27 SUITE 190		13-1851754	
City & State		City & State		5. Certificate of Status Desired	
23 RYE BROOK, NY		27 RYE BROOK, NY		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 10573-1068		29 10573-1068		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible	
25		30		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CHAIRMAN PRESIDENT & DIRECTOR
NAME	BARASCH, RICHARD A.	1.2 NAME	
STREET ADDRESS	88 CENTRAL PARK W 8W	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	SRVP	2.1 TITLE	SRVP - CFO
NAME	GORDIS, PHILIP	2.2 NAME	ROBERT ARTHUR WAEGELEIN
STREET ADDRESS	380 RECTOR PLACE	2.3 STREET ADDRESS	28 STIRRUP TRIAL
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	PANLING, NY 12564
TITLE	S	3.1 TITLE	
NAME	FERRARONE, JOAN M.	3.2 NAME	
STREET ADDRESS	150 MIDDLE RIVER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	VP
NAME	BARASCH, MICHAEL A.	4.2 NAME	WILLIAM MARTIN DALY
STREET ADDRESS	920 PARK AVENUE	4.3 STREET ADDRESS	23 APPLE TREE
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	BETHEL, CT 06801
TITLE	VP	5.1 TITLE	
NAME	WEHNER, WILLIAM E.	5.2 NAME	
STREET ADDRESS	340 QUAKER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUA NY	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	ASSISTANT SECRETARY
NAME	BARASCH, MARVIN	6.2 NAME	STAN SUITANA
STREET ADDRESS	28 TIFFANY DRIVE	6.3 STREET ADDRESS	39-38 723 STREET
CITY-ST-ZIP	WINDSOR CT	6.4 CITY-ST-ZIP	BALEIDE, NY 11961-2418

14. I hereby certify that the information supplied with this filing 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 (STAN SUITANA) 04/09/98 800 337-3377

CR2E034 (10/97)