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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90122 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 808643

1. Corporation Name

**AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE C
OMPANY OF NEW YORK**

Principal Place of Business

6 INTERNATIONAL DRIVE
SUITE #190
RYE BROOK NY 10573-1068
US

Mailing Address

6 INTERNATIONAL DRIVE
SUITE #190
RYE BROOK NY 10573-1068
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1951

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BARASCH, RICHARD A.	
STREET ADDRESS	88 CENTRAL PARK W 8W	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	WAEGELEIN, ROERT ARTHUR	
STREET ADDRESS	28 STIRRUP TRAIL	
CITY-ST-ZIP	PAULING NY 12564	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FERRARONE, JOAN M.	
STREET ADDRESS	150 MIDDLE RIVER RD	
CITY-ST-ZIP	DANBURY CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DALY, WILLIAM MARTIN	
STREET ADDRESS	23 APPLETREE	
CITY-ST-ZIP	BETHEL CT 06801	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEHNER, WILLIAM E.	
STREET ADDRESS	340 QUAKER ROAD	
CITY-ST-ZIP	CHAPPAQUA NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SULTANA, STAN	
STREET ADDRESS	39-38 223 STREET	
CITY-ST-ZIP	BAYSIDE NY 11361	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	160 WEST 86TH STREET
1.4 CITY-ST-ZIP	NEW YORK, NY 10024
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	199 PROMENADE C.R.
5.4 CITY-ST-ZIP	HEATHROW, FLORIDA 32746
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TREASURER & VICE PRES
6.3 STREET ADDRESS	CANNONE, RICHARD M
6.4 CITY-ST-ZIP	121 GAIL LANE POUGHKEEPS, NY 12570

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD M. CANNONE

02/22/99 800 332-3377

Date

Daytime Phone #

CR2E034 (11/98)