

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 14 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162007 REIN-P CR2E098 (1/07)

DOCUMENT # 808643			
1. Entity Name AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE COMPANY 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT 06-07

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BARASCH, RICHARD A. 160 WEST 86TH ST NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SK S. Najjar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven B. Najjar 1001 Heathrow Park Ln #5001 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC WAEGELEIN, ROERT ARTHUR 28 STIRRUP TRAIL PAULING, NY 12564 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC <input type="checkbox"/> Change <input type="checkbox"/> Addition Waegelein Robert Arthur 28 Stirrup Trail
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRARONE, JOAN M. 150 MIDDLE RIVER RD DANBURY, CT <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300109897132 09/20/07-01020-013 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALY, WILLIAM MARTIN 23 APPLETREE BETHEL, CT 06801 <input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daly, William Martin 23 Appletree Bethel, CT 06801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANNONE, RICHARD M 320 GOLF BROOK CIRCLE LONGWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP GRAY, DONALD M 1001 HEATHROW PARK LANE STE 5001 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John M. Squarok 1001 Heathrow Park Ln #5001 Lake Mary, FL 32746

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 as empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec VP \$ C 00

7-16-07

(407)
995-8000

Date

Daytime Phone #