


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90032 021 ***150.00

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1001 Heathrow Park Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5001
City & State	City & State Lake Mary, Fla
Zip	Zip 32746
Country	Country US

40111780



07092008 Chg-P CR2E034 (12/06)

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	
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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 \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
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	SVPC WAEGELEIN, ROERT ARTHUR 28 STIRRUP TRAIL PAULING, NY 12564 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NAJJAR, STEVEN B 1001 HEATHROW PARK LN #5001 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DALY, WILLIAM MARTIN 23 APPLETREE BETHEL, CT 06801 <input type="checkbox"/> Delete
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	TSVP SQUAROK, JOHN M 1001 HEATHROW PARK LANE STE 5001 LAKE MARY, FL 32746 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP D Waegelein, Robert Arthur <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28 Stirrup Trail Pauling, NY 12564
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Mitchell Stier <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Six International Drive - Suite 190 Rye Brook, N.Y. 10573-1068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP CFO John Squarok <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Heathrow Park Lane Suite 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, or other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #