PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 809558



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90044 041 ***150.00

AMERICA ORK	an general life insura	NCE COMPANY OF NEV	/ Y				#
Principal Place	e of Business	Mailing Address				ALIAN COST DINES OCOST BIOSI DI	817 \$1811 B1814 1881
300 S STATE ST 300 S STATE ST PO BOX 1456 PO BOX 1456 SYRACUSE NY 13201 SYRACUSE NY 13201					DO NOT W 3. Date Incorporated or Qualif	RITE IN THIS SPACE	
					,	su .	
		To Mailing Address			11/16/1953 4. FEI Number		Applied For
—	lace of Business	2a. Mailing Address					Not Applicable
21 26 Suite Apt # etc Suite, Apt. #, etc.					13-1853201	\$8.7	5 Additional
					5. Certifcate of Status Desired		Required
27					6. Election Campaign Financin	o _ \$5	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the c	urrent year Intangible	
24	25	29 3	0		Personal Property Tax.	Yes	□No
24,	9. Name and Address of Curre				10. Name and Address of New	v Registered Agent	
			81	Name			Į.
INSURANCE COMMISSIONER			82	Street	Address (P.O. Box Number is Not Acce	ptable)	
THE	CAPITOL BLDG.		02	00000	Address (F.O. Dox Hamber to Her Floor		
TALL	AHASSEE FL 32399		83	3			
1			. 84	City		85	Zip Code
				1		FL [' <u> </u>
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607.0505, Florid	norized by la Statute:	y the corp s.	I corporation submits this statement for to poration's board of directors. I hereby ac	серстве арропшленса	s registered
	Signature, typed or printed name of registered ag-			ent signature	required when reinstating) ADDITIONS/CHANGES TO	DATE	CTOPS IN 12
12.		ND DIRECTORS	13.		CDP	C)Chai	
TITLE	CD	□ bereie	1.2 NAME		MARTIN, RODNEY 0.,		
NAME	MARTIN, RODNEY O		4	ET ADDRESS	200 % CTATE ST		1
STREET ADDRESS	1 *** * * * * * * * * * * * * * * * * *				SYRACUSE, NY 13202		i
CITY-ST-ZIP	SYRACUSE NY XYOELETE				VD-	∏ Cha	nge XXAddition
TITLE	-		2.2 NAME		FRAVEL, DAVID A.	- -	_
NAME	DEVLIN ROBERT M		1	ET ADDRESS	CT		\
STREET ADDRESS	300 SOUTH STATE ST		2.4 CITY-		SYRACUSE, NY 13202)	i
CITY-ST-ZIP	(A) Pariette		3.1 TITLE		VDT	Cha	nge XX Addition
TITLE NAME	FU		3.2 NAME		HERBERT, ROBERT F.	JR.	
STREET ADDRESS				ET ADDRESS	AAA C CTATE CT		\
	SOU O DIALE OI		3.4. CITY-		SYRACUSE, NY 1320	2	
CITY-ST-ZIP	OTTO COCK INT		4.1 TITLE		CD	[X] X ha	nge 🔲 Addition
NAME	NEWTON, JON PAUL	•			NEWTON, JON PAUL		
STREET ADDRESS	1	· ·		- ET ADDRESS)		\
CITY-ST-ZIP		SOO O CIMIL OI		ST-ZIP			
TITLE			5.1 TITLE		S	☐ Cha	nge 📉 Addition
NAME			5.2 NAME		COHN, PAULETTA P.		
STREET ADDRESS	,		5.3 \$TRE	ET ADØRESS	300 S. STATE ST.		\
CITY-ST-ZIP	SYRACUSE NY		5.4 CITY-	ST-ZIP	SYRACUSE, NY 1320		
TITLE	STRACUSE NT		6.1 TITLE		D	XX Cha	nge Addition
NAME	WATSON, R. STEVE		6.2 NAME		WATSON, R. STEVE		Ì
STREET ADDRESS	1		6.3 STRE	ET ADDRESS	WALSON, IV. SIEVE		}
C/TV OT 7/0	CVDACHEE NV		6.4 CITY-	ST-ZIP			1

SYRACUSE NY
 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.

ROBERT F. HERBERT, JR. 4/12/99