FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 MAR -2 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **816075** **(6)**

1. Corporation Name
STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business	Mailing Address
485 MADISON AVE. NEW YORK CITY NY 10022	485 MADISON AVE. NEW YORK CITY NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/15/1962**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **13-5679267** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	RECANATINI, JOHN	12 NAME		
STREET ADDRESS	485 MADISON AVE	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 00000	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE		☐ Change ☐ Addition
NAME	NETTER, EDWARD	22 NAME		
STREET ADDRESS	96 CUMMINGS POINT RD	23 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 00000	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	VICE CHAIRMAN	☑ Change ☐ Addition
NAME	REIN, MARTIN L	32 NAME	Rein Martin L.	
STREET ADDRESS	485 MADISON AVENUE	33 STREET ADDRESS	485 Madison Ave.	
CITY-ST-ZIP	NEW YORK, NY 00000	34 CITY-ST-ZIP	New York N.Y. 10022.	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	GIORDANO, ALEX	42 NAME		
STREET ADDRESS	485 MADISON AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 00000	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	KETTIG, DAVID T	52 NAME		
STREET ADDRESS	96 CUMMINGS POINT ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902	54 CITY-ST-ZIP		
TITLE	CD	61 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	LIPARI, RACHEL	62 NAME	LIPARI Rachel	
STREET ADDRESS	485 MADISON AVE.	63 STREET ADDRESS	485 Madison Ave	
CITY-ST-ZIP	NEW YORK NY 10022	64 CITY-ST-ZIP	New York N.Y. 10022.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Recanatini JOHN RECANATINI 2-16-95 212-355-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300314 FP