

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
03/15/1962

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

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 V ☐ DELETE  
NAME RECANATINI, JOHN  
STREET ADDRESS 485 MADISON AVE  
CITY-ST-ZIP NEW YORK, NY 00000

TITLE CD ☐ DELETE  
NAME NETTER, EDWARD  
STREET ADDRESS 96 CUMMINGS POINT RD  
CITY-ST-ZIP STAMFORD, CT 00000

TITLE VC ☐ DELETE  
NAME REIN, MARTIN L  
STREET ADDRESS 485 MADISON AVENUE  
CITY-ST-ZIP NEW YORK, NY 00000

TITLE V ☐ DELETE  
NAME GIORDANO, ALEX  
STREET ADDRESS 485 MADISON AVENUE  
CITY-ST-ZIP NEW YORK, NY 00000

TITLE S ☐ DELETE  
NAME KETTIG, DAVID T  
STREET ADDRESS 96 CUMMINGS POINT ROAD  
CITY-ST-ZIP STAMFORD CT 06902

TITLE P ☐ DELETE  
NAME LIPARI, RACHEL  
STREET ADDRESS 485 MADISON AVE.  
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition  
1.2 NAME Balzoni, Gary J  
1.3 STREET ADDRESS 485 Madison Ave  
1.4 CITY-ST-ZIP New York, NY

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

212-355-4141

Daytime Phone

CR2E034 (12/95)