

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90108 021 ***150.00

DOCUMENT # 816075

1. Corporation Name

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

485 MADISON AVE.
NEW YORK CITY NY 10022

Mailing Address

485 MADISON AVE.
NEW YORK CITY NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1962

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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.

SIGNATURE: *John Recanatini* SIGNATURE REQUIRED JOHN RECANATINI

4-30-99 212-355-4144
Date Daytime Phone #

CR2E034 (11/98)