2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#816075

FILED Feb 03, 2005 Secretary of State

Entity Name: STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
485 MADIS NEW YOR	SON AVE. K CITY, NY 10	0022			
Current Mailing Address:			New Mail	New Mailing Address:	
485 MADIS NEW YOR	SON AVE. K CITY, NY 10	0022			
FEI Number:	13-5679267	FEI Number Applied For()	FEI Number Not App	Dlicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
P O BOX 6 200 E. GAI TALLAHAS The above	SSEE, FL 3239	200) 990000 US	urpose of changing	its registered office or registered agent, or both,	
SIGNATUF	SE.				
01011/1101		ic Signature of Registered Age	nt	 Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VC () REIN, MARTIN 485 MADISON NEW YORK, N	AVENUE	Title: Name: Address: City-St-Zip:	VCD (X) Change () Addition REIN, MARTIN L VCD 485 MADISON AVENUE NEW YORK, NY 10022	
Title: Name: Address: City-St-Zip:	V () GIORDANO, AL 485 MADISON, NEW YORK, N	AVENUE	Title: Name: Address: City-St-Zip:	EVPD (X) Change () Addition GIORDANO, ALEX EVPD 485 MADISON AVENUE NEW YORK, NY 10022	
Title: Name: Address: City-St-Zip:	S () KETTIG, DAVID 96 CUMMINGS STAMFORD, C	POINT ROAD	Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition KETTIG, DAVID T SVP 96 CUMMINGS POINT ROAD STAMFORD, CT 06902	
Title: Name: Address: City-St-Zip:	P () LIPARI, RACHE 485 MADISON , NEW YORK, N	AVE.	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition LIPARI, RACHEL PD 485 MADISON AVE. NEW YORK, NY 10022	
Title: Name: Address: City-St-Zip:	CD () KIANG THUNG, 96 CUMMINGS STAMFORD, C	POINT RD	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition KIANG THUNG, ROY TJAY CD 96 CUMMINGS POINT RD STAMFORD, CT 06902	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SVP () Change (X) Addition BALZOFIORE, GARY J SVP 485 MADISON AVENUE, 14TH FL NEW YORK, NY 10022	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GETZ VP 02/03/2005