

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816075

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

**Current Principal Place of Business:**

485 MADISON AVE.  
NEW YORK CITY, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

485 MADISON AVE.  
NEW YORK CITY, NY 10022

**New Mailing Address:**

**FEI Number:** 13-5679267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: EVP  
Name: BALZOFIORE, GARY J  
Address: 485 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: SVP  
Name: VANDERVOORT, ADAM C SVP&SEC  
Address: 485 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: SVP  
Name: KETTIG, DAVID T  
Address: 96 CUMMINGS POINT ROAD  
City-St-Zip: STAMFORD, CT 06902

Title: PD  
Name: LIPARI, RACHEL  
Address: 485 MADISON AVE.  
City-St-Zip: NEW YORK, NY 10022

Title: CD  
Name: KIANG THUNG, ROY TJAY  
Address: 96 CUMMINGS POINT RD  
City-St-Zip: STAMFORD, CT 06902

I hereby 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 all other like empowered.

SIGNATURE: GARY BALZOFIORE

EVP

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date