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 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817193 (6)

1. Corporation Name

AMERICAN INTERNATIONAL LIFE ASSURANCE COMPANY OF NEW YORK

Principal Place of Business	Mailing Address
80 PINE STREET 13TH FLOOR NEW YORK NY 10005 US	70 PINE STREET 27TH FLOOR NEW YORK NY 10270 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1963
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business: 21
Suite, Apt. #, etc: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 13-6101875 ☐ 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 OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32301	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 ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	O'KULICH, NICHOLAS	1.2 NAME	
STREET ADDRESS	70 PINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N Y 0	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FOLEY, PATRICK	2.2 NAME	
STREET ADDRESS	70 PINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MATHEWS, EDWARD	3.2 NAME	
STREET ADDRESS	70 PINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N Y 0	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	TUCK, ELIZABETH .	4.2 NAME	
STREET ADDRESS	70 PINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNELL, ROBERT	5.2 NAME	
STREET ADDRESS	80 PINE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N Y 0	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	☐ Change ☐ Addition
NAME	STEMPEL, ERNEST E	6.2 NAME	
STREET ADDRESS	70 PINE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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: Elizabeth M. Tuck 4-20-95 (212)770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth M. Tuck - Corp. Secretary

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