

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 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 048 ***150.00

DOCUMENT # 817193

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
ATTN E M TUCK
NEW YORK NY 10270
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1963

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD ☐ DELETE
NAME O'KULICH, NICHOLAS
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK, N Y 0

1.1 TITLE T/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME MATHEWS, EDWARD
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK, N Y 0

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

TITLE S ☐ DELETE
NAME TUCK, ELIZABETH
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE DP ☒ DELETE
NAME O'CONNELL, ROBERT
STREET ADDRESS 80 PINE ST
CITY-ST-ZIP NEW YORK, N Y 0

4.1 TITLE D/P ☐ Change ☒ Addition
4.2 NAME Wyndorf, Gerald
4.3 STREET ADDRESS 80 Pine Street
4.4 CITY-ST-ZIP New York NY 10005

TITLE D ☒ DELETE
NAME STEPEL, ERNEST E
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE C ☐ DELETE
NAME GREENBERG, M R
STREET ADDRESS 70 PINE ST
CITY-ST-ZIP NY NY 10270

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Nottingham, Robinson Kendall
6.3 STREET ADDRESS One ALICO Plaza
6.4 CITY-ST-ZIP Wilmington DE 19899

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:

Signature Required

4/29/99

212 770-7000

CR2E034 (1/198)