

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840370

1. Entity Name

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

123 N. WACKER DRIVE
CHICAGO IL 60606

Mailing Address

P.O. BOX 8264
CHICAGO IL 60606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RAVIN, RICHARD M
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

TITLE V ☐ Delete
NAME BAER, JEROME I
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

TITLE VPTD ☐ Delete
NAME HURD, MICHAEL F
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL 60606

TITLE D ☐ Delete
NAME HURD, MICHAEL F
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

TITLE VSD ☐ Delete
NAME MARKOVITS, RONALD D
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

TITLE V ☐ Delete
NAME MEDVIN, HARVEY N
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Change ☒ Addition
NAME AIGOTTI, DIANE
STREET ADDRESS 123 N. WACKER DR
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90082 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1537177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)