

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840370

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** COMBINED LIFE INSURANCE COMPANY OF NEW YORK

**Current Principal Place of Business:**

11 BRITISH AMERICAN BLVD.  
NEW YORK, NY 12110

**New Principal Place of Business:**

13 CORNELL ROAD, 1ST FLOOR  
AIRPORT PARK  
LATHAM, NY 12110

**Current Mailing Address:**

436 WALNUT STREET  
PHILADELPHIA, PA 19106 US

**New Mailing Address:**

13 CORNELL ROAD, 1ST FLOOR  
AIRPORT PARK  
LATHAM, NY 12110

**FEI Number:** 14-1537177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WENDT, DOUGLAS R  
Address: 1000 N. MILWAUKEE AVE.  
City-St-Zip: GLENVIEW, IL 60025

Title: CFO  
Name: HAMMOND, MARK K  
Address: 1000 N. MILWAUKEE AVE.  
City-St-Zip: GLENVIEW, IL 60025

Title: S  
Name: GOLDBERG, DAVID A  
Address: 1000 N. MILWAUKEE AVE.  
City-St-Zip: GLENVIEW, IL 60025

Title: AS  
Name: COLLINS, REBECCA L  
Address: 1000 N. MILWAUKEE AVE.  
City-St-Zip: GLENVIEW, IL 60025

Title: EVP  
Name: LIPPAI, STEVEN E  
Address: 1000 N. MILWAUKEE AVE.  
City-St-Zip: GLENVIEW, IL 60025

Title: CAO  
Name: HURD, MICHAEL F  
Address: 13 CORNELL ROAD, 1ST FLOOR  
City-St-Zip: LATHAM, NY 12110

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: REBECCA L. COLLINS

AS

03/25/2010

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

\_\_\_\_\_  
Date