2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# 840370

Entity Name: COMBINED LIFE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 14-1537177 **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 32399 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: P
Name: BENNETT, BRAD M
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: EVPD
Name: LIPPAI, STEVEN E
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: T
Name: JORDAN, JOSEPH J
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: VPD
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 01/13/2012

Electronic Signature of Signing Officer or Director — Date