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 MAR 25 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06829 (6)

1. Corporation Name
MONITOR LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business	Mailing Address
COMMERCIAL TRAVELERS BUILDING UTICA NY 13502-6970	COMMERCIAL TRAVELERS BUILDING UTICA NY 13502-6970

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1985
3a. Date of Last Report: 03/09/1994

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: 16-0986348 ☐ 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

FUCHS, CURTIS
2501 W.WILLSBORO BLVD.#105
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JOSLIN, DONALD E.	1.2 NAME	
STREET ADDRESS	KORBER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLAND PATENT NY	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	FALKENSTERN,DONALD D.	2.2 NAME	
STREET ADDRESS	45 FOOTE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLINTON NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GILLES, STEPHEN A.	3.2 NAME	
STREET ADDRESS	1 SHAW STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	UTICA NY	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	TREVVETT, JAMES D.	4.2 NAME	
STREET ADDRESS	BOX 923 GRANT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLD BROOK NY	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	MILNER, DAVID R.	5.2 NAME	
STREET ADDRESS	66 WHITFORD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHITESBORO NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOYLE, JOHN V.	6.2 NAME	
STREET ADDRESS	202 GILBERT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY (see attached ADDENDUM for additional)	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)(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 added to an attachment with an address.

SIGNATURE: David R. Milner — March 16, 1995 — (315) 797-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David R. Milner, Secretary

0484707 FN

MONITOR LIFE INSURANCE
COMPANY OF NEW YORK
COMMERCIAL TRAVELERS BUILDING
UTICA, NEW YORK 13502

STATE OF FLORIDA
Department of State
Division of Corporations

1995 CORPORATION ANNUAL REPORT

Company # P06829
MONITOR LIFE INSURANCE COMPANY OF NEW YORK

BLOCK 12 - ADDENDUM

Names of Officers and Directors	Title	Street Address	City & State
Trevvett, Herbert E.	Ch/D	Millington Ave	Poland, NY
Kelly, Kevin M.	D	2 Glen Street	New Hartford NY
McCarthy, Jeremiah O.	D	RR 1, Box 276	Barneveld, NY
Porn, John J	D	3 Symphony Dr	Whitesboro, NY
Schafer, Arthur W	D	9864 Pierce Rd	Holland Patent, NY
Sheldon, Robert N.	D	2619 Genesee St	Utica, NY
Stetson, John B.	D	RR 1, Box 251	Barneveld, NY
Vicks, Dwight E.	D	157 Proctor Blvd	Utica, NY
Welch, Robert E.	D	RR 1, Box 325	Barneveld, NY
Spath, Thomas F.	M.D.	21 Canterbury Rd	New Hartford NY

ADDENDUM signed by:

David R. Milner

David R. Milner, Secretary

Date: March 16, 1995

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