

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 PH 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 COMMERCIAL TRAVELERS BUILDING
UTICA NY 13502-6970 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**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**FUCHS, CURTIS
2501 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **JOSLIN, DONALD E.**
STREET ADDRESS **KORBER ROAD**
CITY-ST-ZIP **HOLLAND PATENT NY**

1.1 TITLE ☐ Change ☐ Addition

TITLE **C**
NAME **FALKENSTERN, DONALD D.**
STREET ADDRESS **45 FOOTE RD.**
CITY-ST-ZIP **CLINTON NY**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **D**
NAME **GILLES, STEPHEN A.**
STREET ADDRESS **1 SHAW STREET**
CITY-ST-ZIP **UTICA NY**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **TD**
NAME **TREVETT, JAMES D.**
STREET ADDRESS **BOX 923 GRANT ROAD**
CITY-ST-ZIP **COLD BROOK NY**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **S**
NAME **MILNER, DAVID R.**
STREET ADDRESS **68 WHITFORD AVE**
CITY-ST-ZIP **WHITESBORO NY**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **D**
NAME **BOYLE, JOHN V.**
STREET ADDRESS **202 GILBERT ROAD**
CITY-ST-ZIP **NEW HARTFORD NY**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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.

SIGNATURE:

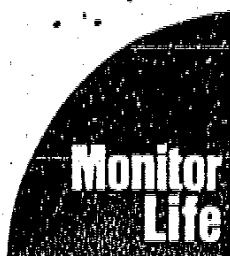
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Milner, Secretary

March 16, 1995 (315) 797-5200

Date

Telephone Number



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 # PO6829
MONITOR LIFE INSURANCE COMPANY OF NEW YORK

BLOCK 12 - ADDENDUM

<u>Names of Officers and Directors</u>	<u>Title</u>	<u>Street Address</u>	<u>City & State</u>
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