

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P06829 (6)
1. Corporation Name
MONITOR LIFE INSURANCE COMPANY OF NEW YORK



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

3. Date Incorporated or Qualified 07/23/1985	3a. Date of Last Report 04/11/1996
---	---------------------------------------

2. Principal Place of Business 21 70 Genesee St Suite, Apt #, etc. 22 City & State 23 UTICA NY Zip 24 13502 Country 25 USA	2a. Mailing Address 26 70 Genesee St Suite, Apt #, etc. 27 City & State 28 UTICA NY Zip 29 13502 Country 30 USA
---	--

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
7. 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
2301 W. WILLSBORO BLVD. #105
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent

81 Name CURTIS FUCHS	85 Zip Code 33444
82 Street Address (P.O. Box Number is Not Acceptable) 1810 Lake DR	
83	
84 City Delray Beach FL	

Change address only

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 the # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JOSLIN, DONALD E.	
STREET ADDRESS	KORBER ROAD	
CITY - ST - ZIP	HOLLAND PATENT NY	
TITLE	C	☐ DELETE
NAME	FALKENSTERN, DONALD D.	
STREET ADDRESS	45 FOOTE RD.	
CITY - ST - ZIP	CLINTON NY	
TITLE	D	☐ DELETE
NAME	GILLES, STEPHEN A.	
STREET ADDRESS	1 SHAW STREET	
CITY - ST - ZIP	UTICA NY	
TITLE	TD	☐ DELETE
NAME	TREWETT, JAMES D.	
STREET ADDRESS	BOX 923 GRANT ROAD	
CITY - ST - ZIP	COLD BROOK NY	
TITLE	S	☐ DELETE
NAME	MILNER, DAVID R.	
STREET ADDRESS	66 WHITFORD AVE	
CITY - ST - ZIP	WHITESBORO NY	
TITLE	D	☐ DELETE
NAME	BOYLE, JOHN V.	
STREET ADDRESS	202 GILBERT ROAD	
CITY - ST - ZIP	NEW HARTFORD NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
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	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Milner
Secretary

Date

4/1/97 (315) 7975200

0512282

CR2E034 (9/96)

STATE OF FLORIDA
Department of State
Division of Corporations

1997 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
Mitchell, Donald J	D	Shells Bush Rd	Herkimer, 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, Secretary

Date: April 1, 1997