Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90019 027 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P06829

1. Corporation Name

MONITOR LIFE INSURANCE COMPANY OF NEW YORK

Principal Plac	e of Business	Mailing Address				- I 1881/884 hit belieb diibi idiid ilbib idii alai alaii alaii alaii alaii alaii	
70 GENESSEE ST 70 GENESSEE							
UTICA NY 13502 UTICA NY 15502							
US		บร				DO NOT WRITE IN THIS SPACE	
ļ						3. Date Incorporated or Qualifed	
						07/23/1985	
<b>└</b>	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				16-0986348   Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required	
22		27					
City & State	9	City & State	and the same	-	سيد مريضه	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23		28	Coul				
Zip ├──				ııry		8. This corporation owes the current year Intangible  Personal Property Tax.	
24	25	29	30			Personal Property Tax. LYes LNo  10. Name and Address of New Registered Agent	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent	
FUC	HS, CURTIS			٠,	Hame		
	LAKE DR			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
	RAY-BCH-FL-33444			22	/335	MARSH TERRALE	
"	W. CO			83	Pag	T ST LUCIE	
ł				84	City	85 Zip, Cade	
						FL 34986	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	tes, the at	ove-	named corpor	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered	
agent, I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	orida Statu	tes.	io dorporador	To board of directors and approximately	
SIGNATURE							
OIGHTOILE	Signature, typed or printed name of registered agent			Agent :	signature required v		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 मा			☐ Onlarige ☐ Addition	
NAME	JOSLIN, DONALD E.		1.2 NA				
STREET ADDRESS	KORBER ROAD		1.3 STI	REETA	ADDRESS		
CITY-ST-ZIP	HOLLAND PATENT NY		1.4 CIT		ZIP	, Dichara Claditia	
TITLE	C	☐ DELETE	2.1 TIT	ΣE		☐ Change ☐ Addition	
NAME	FALKENSTERN,DONALD D.		2.2 NA	ME			
STREET ADDRESS	45 FOOTE RD.		2.3 STI	REETA	ADDRESS		
CITY-ST-ZIP	CLINTON NY		2. 4 CI	TY-ST-	-ZIP		
TITLÉ	D	☐ DELETE	3.1 TIT	LE	1	Change Addition	
NAME	GILLES, STEPHEN A.		3.2 NA	ME			
STREET ADDRESS	1 SHAW STREET		3.3 STI	REETA	ADDRESS		
CITY-ST-ZIP	UTICA NY		3.4. CF	TY-\$T-	ZIP		
TITLE	TD	☐ DELETE	4.1 TIE	LE		☐ Change ☐ Addition	
NAME	Trevvett, James D.		4. 2 NA	ME			
STREET ADDRESS	BOX 923 GRANT ROAD		4.3 ST	RÉETA	ODRESS		
CITY-ST-ZIP	COLD BROOK NY	The state of the s	4.4 CIT	Y-ST-	ZIP		
TITLE	S	□ DELETE	5.1 TIT			☐ Change ☐ Addition	
NAME	MILNER, DAVID R.		5.2 NA	ME			
STREET ADDRESS	66 WHITFORD AVE	,	5.3 STI	REETA	ADDRESS	}	
CITY-ST-ZIP	WHITESBORO NY		5.4 CIT		ZIP		
TITLE	D	☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition	
NAME	BOYLE, JOHN V.		6.2 NA	ME			
STREET ADDRESS	202 GILBERT ROAD		6.3 STI	REETA	NDDRESS		
CITY-ST-ZIP	NEW HARTFORD NY	•	6.4 CIT	Y-ST-	ZIP		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE:

David R. Milner



291983-90019-27

# FLORIDA DEPARTMENT OF STATE Division of Corporations

### 1999 CORPORATION ANNUAL REPORT

Company # PO6829 MONITOR LIFE INSURANCE COMPANY OF NEW YORK

BLOCK 12 - ADDENDUM

Names of Officers and Directors	<u>Title</u>	Street Address	City & <u>State</u>
	<b>-1</b> /-5		n 1 ) wi
Trevvett, Herbert E.	Ch/D	Millington Ave	Poland, NY
Kelly, Kevin M.	D	2 Glen Street	New Hartford NY
McCarthy, Jeremiah 0.	D	RR 1, Box 276	Barneveld, NY
Mitchell, Donald J	D	Shells Bush Rd	Herkimer, NY
Sheldon, Robert N.	D	2619 Genesee St	Utica, NY
Stetson, John B.	D	RR 1, Box 251	Barneveld, NY
Vicks, Dwight E.		157 Proctor Blvd	Utica, NY
Spath, Thomas F.	M.D.	21 Canterbury Rd	New Hartford NY

ADDENDUM signed by:

David R. Milner, Secretary

Date: April 1, 1999

FL-CAR 4