Division of Corporations

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To:	Division of Co.	-norations			
	From: Enter the annua	Division of Cor Fax Number  From:  Account Name Account Number Phone Fax Number  Enter the email address annual report mailin	Division of Comporations Fax Number : (850)617-6380  Please  From:  Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845  Enter the email address for this business entity to be use annual report mailings. Enter only one email address p	Division of Comporations Fax Number : (850)617-6380 Please honor original of the control of the	Division of Comporations Fax Number : (850) 617-6380  Please honor original date 03/05/202*  From:  Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614) 280-3338 Fax Number : (954) 203-0845  Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  Email Address:

## MONITOR LIFE INSURANCE COMPANY OF NEW YORK

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MAR 1 2 2021

Please honor original date 03/05/2021

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida S rganized under the laws of the State of $N$ gistered agent, or both, in the State of Fl	New York
·	he corporation: Monitor Life Insurance	•	
	office address: 305 Madison Avenue,		
3. The mailing a	ddress (if different):		
		Document number: P06829	
	street address of the current register them to State: (If resigned, enter res	red agent and registered office on file wit igned)	h the
	Registered Agent Solutions. Inc.		
	155 Office Plaza Drive, Suite A		
	Tallahassee, FL 32301		2012
6. The name and (ifchanged):	d street address of the new registered	agent (if changed) and /or registered offi	21121 12:32 H
	C T Corporation System		
	1200 South Pine Island Road		PM I: 0
	Plantation, Florida 33324	D. Box NOT acceptable	:07
The street addreas changed will	ess of its registered office and the st be identical.	reet address of the business office of its	registered agent.
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an on notified in writing of the change.	officer so
Winda	19. hun	Michael P. McTigue, SVP, GC & So	ecretary
_	re at an officer or director	Printed or typed name and till	le:
I further agrée of my duties, an document is bei	s been notified in writing of this cha	statutes relative to the proper and com obligation of my position as registered in the registered office address. I hereb	plete performance agent. Or, if this y confirm that the
C T COLDOTATION	M.L.	3/2/2021	
Sig	nature of Registered Agent	Date	
It signing on be	half of an entity:		
Tracy Kellner			
T	ped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

By: