

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816075

Entity Name: STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK**FILED**
Feb 05, 2015
Secretary of State
CC8710639364**Current Principal Place of Business:**485 MADISON AVE.
NEW YORK CITY, NY 10022**Current Mailing Address:**485 MADISON AVE.
NEW YORK CITY, NY 10022**FEI Number: 13-5679267****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** CT COPROATION SYSTEM**02/05/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EVP
Name BALZOFIGORE, GARY
Address 485 MADISON AVENUE
City-State-Zip: NEW YORK NY 10022

Title PRESIDENT
Name KETTIG, DAVID
Address 96 CUMMINGS POINT ROAD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name LIPARI, RACHEL
Address 485 MADISON AVE.
City-State-Zip: NEW YORK NY 10022

Title CEO
Name KIANG THUNG, ROY TJAY
Address 96 CUMMINGS POINT RD
City-State-Zip: STAMFORD CT 06902

Title V.P. & CONTROLLER
Name GETZ, DAVID
Address 485 MADISON AVE.
City-State-Zip: NEW YORK CITY NY 10022

Title V.P. & CCO
Name GIBBON, THOMAS
Address 485 MADISON AVE.
City-State-Zip: NEW YORK CITY NY 10022

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID GETZ**V.P. & CONTROLLER****02/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date