

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06829

Entity Name: MONITOR LIFE INSURANCE COMPANY OF NEW YORK**Current Principal Place of Business:**500 STEED RD.
RIDGELAND, MS 39157**Current Mailing Address:**P.O. BOX 16708
JACKSON, MS 39236 US**FEI Number: 16-0986348****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., STE. A
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	WHITE, DAVID R
Address	500 STEED RD.
City-State-Zip:	RIDGELAND MS 39157

Title	DVP
Name	MORGAN, JOHN J
Address	500 STEED RD.
City-State-Zip:	RIDGELAND MS 39157

Title	DST
Name	EATON, RICHARD L
Address	500 STEED RD.
City-State-Zip:	RIDGELAND MS 39157

Title	DVP
Name	EATON, RYAN L
Address	500 STEED RD.
City-State-Zip:	RIDGELAND MS 39157

Title	DVP
Name	PEETS, JASON A
Address	6040 I-55 N. FRONTAGE RD
City-State-Zip:	JACKSON MS 39211

Title	DIRECTOR, VP
Name	DOUGLAS, JAMES K
Address	500 STEED RD.
City-State-Zip:	RIDGELAND MS 39157

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: RICHARD L EATON**SECRETARY****01/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date