

1.) CORPORATION NAME:

**AMERICAN PROGRESSIVE LIFE AND HEALTH  
INSURANCECOMPANY OF NEW YORK**

DUE DATE: **5/31/2014**

SCC ID NO: **F0134835**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	16,667

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44 SOUTH BROADWAY  
STE 1200

CITY/ST/ZIP: WHITE PLAINS, NY 10601

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JUDY BORRELL	
TITLE:	VICE PRESIDENT	
ADDRESS:	44 SOUTH BROADWAY	
	SUITE 1200	
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10601	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TRAVIS CHRISTIE	
TITLE:	VICE PRESIDENT	
ADDRESS:	4888 LOOP CENTRAL DRIVE	
	STE 700	
CITY/ST/ZIP/CO:	HOUSTON, TX 77081	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVE L CARLTON	
TITLE:	SECRETARY	
ADDRESS:	1001 HEATHROW PARK LN	
	STE 5001	
CITY/ST/ZIP/CO:	LAKE MARY, FL 32746	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD A BARASCH	
TITLE:	CHAIRMAN	
ADDRESS:	44 S. BROADWAY	
	SSTE 1200	
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10601	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY LAIKIND	
TITLE:	DIRECTOR	
ADDRESS:	44 S. BROADWAY	
	STE 1200	
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10601	

NAME: RICHARD M CANNONE TITLE: TREASURER ADDRESS: 1001 HEATHROW PARK LANE SUITE 5001 CITY/ST/ZIP/CO: LAKE MARY, FL 32746	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT A WAEGELEIN TITLE: EXEC. VP ADDRESS: 44 SOUTH BROADWAY SUITE 1200 CITY/ST/ZIP/CO: WHITE PLAINS, NY 10601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ STEVE L CARLTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE L CARLTON, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/7/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		