

1.) CORPORATION NAME:

DUE DATE: **9/30/2010**

MONITOR LIFE INSURANCE COMPANY OF NEW YORK

SCC ID NO: **F0521254**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 70 GENESEE ST

CITY/ST/ZIP: UTICA, NY 13502-

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.

NAME: PAUL H TREVVETT
TITLE: PRES/CEO
ADDRESS: 392 PARDEEVILLE ROAD
PO BOX 21
CITY/ST/ZIP/CO: COLD BROOK, NY 13324-

OFFICER

DIRECTOR

NAME: DAVID R MILNER
TITLE: SECRETARY
ADDRESS: 66 WHITFORD AVE
CITY/ST/ZIP/CO: WHITESBORO, NY -

OFFICER

DIRECTOR

NAME: JOAN W COMPSON
TITLE: DIRECTOR
ADDRESS: 3405 MARTIN ST
CITY/ST/ZIP/CO: CLINTON, NY 13323-

OFFICER

DIRECTOR

NAME: JUDITH W SWEET
TITLE: DIRECTOR
ADDRESS: 3558 SOUTH STREET
CITY/ST/ZIP/CO: CLINTON, NY 13323-

OFFICER

DIRECTOR

NAME: JAMES D TREVVETT
TITLE: DIRECTOR
ADDRESS: BOX 923 GRANT ROAD
CITY/ST/ZIP/CO: COLD BROOK, NY 13324-

OFFICER

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.

<u>/s/ DAVID R MILNER</u>	<u>DAVID R MILNER, SECRETARY</u>	<u>8/4/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.