

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803287

FILED
Apr 30, 2012
Secretary of State

Entity Name: NEW YORK LIFE INSURANCE COMPANY

Current Principal Place of Business:

51 MADISON AVENUE
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

51 MADISON AVENUE
SUITE 1309
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 13-5582869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CCEO
Name: MATHAS, THEODORE A
Address: 51 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: V
Name: DAVIDSON, SHEILA K
Address: 51 MADISON AVE
City-St-Zip: NEW YORK, NY 10010

Title: S V
Name: THROPE, SUSAN A
Address: 51 MADISON AVE
City-St-Zip: NEW YORK, NY 10010

Title: V T
Name: FLEURANT, JOHN T
Address: 51 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: CFOV
Name: SPROULE, MICHAEL E
Address: 51 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: D
Name: SCHIEVELBEIN, THOMAS C
Address: 51 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

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: ROBERT GARDENER

V

04/30/2012

Electronic Signature of Signing Officer or Director

Date