

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812810

FILED
Jun 22, 2010
Secretary of State

Entity Name: LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

Current Principal Place of Business:

100 MADISON STREET
SUITE 1860
SYRACUSE, NY 132022802

New Principal Place of Business:

Current Mailing Address:

100 MADISON STREET
SUITE 1860
SYRACUSE, NY 132022802

New Mailing Address:

FEI Number: 22-0832760 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: DCFO
Name: CRAWFORD, FREDERICK J
Address: 150 N. RADNOR CHESTER ROAD
City-St-Zip: RADNOR, PA 19087

Title: S
Name: SHEPPARD, ROBERT O
Address: 150 N. RADNOR CHESTER ROAD
City-St-Zip: RADNOR, PA 19087

Title: SVPD
Name: KONEN, MARK E
Address: 100 N. GREENE ST.
City-St-Zip: GREENSBORO, NC 27401

Title: P D
Name: GLASS, DENNIS R
Address: 150 RADNOR CHESTER AOD
City-St-Zip: RADNOR, PA 19087

Title: D
Name: LACHMAN, M. LEANNE
Address: 870 UNITED NATIONS PLAZA
City-St-Zip: NEW YORK, NY 10017

Title: D
Name: CORNELIO, CHARLES C
Address: 100 NORH GREENE STREET
City-St-Zip: GREENSBORO, NC 27401

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 O. SHEPPARD

S

06/22/2010

Electronic Signature of Signing Officer or Director

_____ Date