


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90012 031 \*\*\*550.00

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|   |   |  |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 819049**

1. Corporation Name  
**PARK AVENUE LIFE INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br>3900 BURGESS PLACE<br>BETHLEHEM PA 18017<br>US | Mailing Address<br>3900 BURGESS PLACE<br>ATTN: JEREMY STARR, VP REINSURANCE<br>BETHLEHEM PA 18017<br>US |
|---|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/27/1965</b>  |  |
| 4. FEI Number<br><b>04-2350154</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |                           |
|---|---------------------------|
| 2. Principal Place of Business<br>21 <b>1209 ORANGE STREET</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 |
| 22 City & State<br><b>WILMINGTON, DE</b>  | 27 City & State           |
| 24 Zip<br><b>19801</b>  | 25 Country<br><b>USA</b>  |
| 29 Zip  | 30 Country                |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>STATE INSURANCE COMMISSIONER<br/>CAPITOL BLDG.<br/>TALLAHASSEE FL 32304</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |
|---|--|

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                              |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|---------------------------------|---|--|
| TITLE<br><b>PCEO</b>                                    | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>HUTCHINGS, PETER L</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>201 PARK AVE SOUTH<br/>NEW YORK NY 10003</b> |                                 | 1.2 NAME  |  |
| STREET ADDRESS  |                                 | 1.3 STREET ADDRESS<br><b>7 HANOVER SQUARE</b>         |  |
| CITY-ST-ZIP   |                                 | 1.4 CITY-ST-ZIP<br><b>NY, NY 10004-2616</b>           |  |
| TITLE<br><b>EVCE</b>                                    | <input type="checkbox"/> DELETE | 2.1 TITLE<br><b>JONES, FRANK</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>201 PARK AVENUE SOUTH<br/>NEW YORK NY</b>    |                                 | 2.2 NAME  |  |
| STREET ADDRESS  |                                 | 2.3 STREET ADDRESS<br><b>7 HANOVER SQUARE</b>         |  |
| CITY-ST-ZIP   |                                 | 2.4 CITY-ST-ZIP<br><b>NY, NY 10004-2616</b>           |  |
| TITLE<br><b>VPR</b>                                     | <input type="checkbox"/> DELETE | 3.1 TITLE<br><b>STARR, JEREMY</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>201 PARK AVENUE SOUTH<br/>NEW YORK NY</b>    |                                 | 3.2 NAME  |  |
| STREET ADDRESS  |                                 | 3.3 STREET ADDRESS<br><b>7 HANOVER SQUARE</b>         |  |
| CITY-ST-ZIP   |                                 | 3.4 CITY-ST-ZIP<br><b>NY, NY 10004-2616</b>           |  |
| TITLE<br><b>D</b>                                       | <input type="checkbox"/> DELETE | 4.1 TITLE<br><b>DEPALO, ARMAND M.</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>201 PARK AVENUE SOUTH<br/>NEW YORK NY</b>    |                                 | 4.2 NAME  |  |
| STREET ADDRESS  |                                 | 4.3 STREET ADDRESS<br><b>7 HANOVER SQUARE</b>         |  |
| CITY-ST-ZIP   |                                 | 4.4 CITY-ST-ZIP<br><b>NY, NY 10004-2616</b>           |  |
| TITLE<br><b>D</b>                                       | <input type="checkbox"/> DELETE | 5.1 TITLE<br><b>KABELE, THOMAS G.</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>201 PARK AVENUE SOUTH<br/>NEW YORK NY</b>    |                                 | 5.2 NAME  |  |
| STREET ADDRESS  |                                 | 5.3 STREET ADDRESS<br><b>7 HANOVER SQUARE</b>         |  |
| CITY-ST-ZIP   |                                 | 5.4 CITY-ST-ZIP<br><b>NY, NY 10004-2616</b>           |  |
| TITLE<br><b>D</b>                                       | <input type="checkbox"/> DELETE | 6.1 TITLE<br><b>KANE, EDWARD K.</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>201 PARK AVENUE SOUTH<br/>NEW YORK NY</b>    |                                 | 6.2 NAME  |  |
| STREET ADDRESS  |                                 | 6.3 STREET ADDRESS<br><b>7 HANOVER SQUARE</b>         |  |
| CITY-ST-ZIP   |                                 | 6.4 CITY-ST-ZIP<br><b>NY, NY 10004-2616</b>           |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ar Padavano **Ar Padavano** 8/19/99 212-598-8924

CR2E034 (5/99)

**PARK AVENUE LIFE INSURANCE COMPANY**

**TIN # 04-2350154**

**LIST OF OFFICERS & DIRECTORS**

1999

| FIRST     | MIDDLE   | LAST       | OFFICER | DIRECTOR | TITLE  | MAILING ADDRESS                             |
|-----------|----------|------------|---------|----------|--|---|
| Joseph    | Anthony  | Caruso     | X       |          | VICE PRESIDENT & CORPORATE SECRETARY                                       | 7 Hanover Square<br>New York, NY 10004-2616 |
| John      | Patrick  | Cifu       | X       |          | VICE PRESIDENT & CONTROLLER  | 7 Hanover Square<br>New York, NY 10004-2616 |
| Rodolfo   | Esteban  | Fidelino   | X       |          | VICE PRESIDENT & CHIEF MEDICAL OFFICER                                     | 7 Hanover Square<br>New York, NY 10004-2616 |
| Alexander | McDonald | Grant, Jr. | X       |          | SECOND VICE PRESIDENT, FIXED INCOME SECURITIES                             | 7 Hanover Square<br>New York, NY 10004-2616 |
| Earl      | Carlton  | Harry      | X       |          | TREASURER  | 7 Hanover Square<br>New York, NY 10004-2616 |
| Raymond   | Joseph   | Henry      | X       |          | SECOND VICE PRESIDENT, FIXED INCOME SECURITIES                             | 7 Hanover Square<br>New York, NY 10004-2616 |
| John      | Robert   | Hurley     | X       |          | VICE PRESIDENT, GOVERNMENT RELATIONS                                       | 7 Hanover Square<br>New York, NY 10004-2616 |
| David     | Arthur   | Lorenson   | X       |          | ASSISTANT VICE PRESIDENT, ASSISTANT CORPORATE SECRETARY & LIFE UNDERWRITER | 7 Hanover Square<br>New York, NY 10004-2616 |
| Peter     | Joseph   | Manzo      | X       |          | ACTUARY  | 7 Hanover Square<br>New York, NY 10004-2616 |
| Benjamin  | Hood     | Mitchell   | X       |          | VICE PRESIDENT, EQUITY SECURITIES  | 7 Hanover Square<br>New York, NY 10004-2616 |
| John      | Bernard  | Murphy     | X       |          | ASSISTANT CORPORATE SECRETARY  | 7 Hanover Square<br>New York, NY 10004-2616 |
| Karen     | Louise   | Olvany     | X       |          | ASSISTANT CONTROLLER   | 7 Hanover Square<br>New York, NY 10004-2616 |
| Alphonsus | Lawrence | Padavano   | X       |          | ASSISTANT VICE PRESIDENT   | 7 Hanover Square<br>New York, NY 10004-2616 |
| Stuart    | John     | Shaw       | X       |          | VICE PRESIDENT & COUNSEL   | 7 Hanover Square<br>New York, NY 10004-2616 |
| Debra     | Ruth     | Smith      | X       |          | VICE PRESIDENT, FIXED INCOME SECURITIES                                    | 7 Hanover Square<br>New York, NY 10004-2616 |
| Thomas    | George   | Sorell     | X       |          |  | 7 Hanover Square<br>New York, NY 10004-2616 |

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