


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 007 ***150.00

DOCUMENT # 819049

1. Entity Name
PARK AVENUE LIFE INSURANCE COMPANY



44051890

Principal Place of Business Mailing Address
1209 ORANGE ST **7 HANOVER SQUARE H-17-J**
WILMINGTON, DE 19801 US **NEW YORK, NY 10004-2616 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City State Zip Code
Tallahassee FL 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Henry Warner* DATE *8/2/04*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$668.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DEPALO, ARMAND 7 HANOVER SQ NEW YORK, NY 100042616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCE JONES, FRANK 7 HANOVER SQ NEW YORK, NY 100042616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPR STARR, JEREMY 7 HANOVER SQ NEW YORK, NY 100042616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK, NY 100042616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIN, HOWARD W 7 HANOVER SQUARE NEW YORK, NY 100042616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, EDWARD K. 7 HANOVER SQ NEW YORK, NY 100042616	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer EP& Chief Investment/ SORELL, THOMAS G 7 HANOVER SQUARE NEW YORK, NY 10004-2615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph A. Caruso, Sr.* DATE: **8/3/04** 212-598-8386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joseph A. Caruso, Sr. VP & Corporate Secretary

Attachment

~~44051890~~
#819049



GUARDIAN™

August 11, 2004

Florida Department of Insurance
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399

RE: 2004 Annual Report- The Park Avenue Life Insurance Company- NAIC #60003

To Whom It May Concern:

Enclosed, please find the completed 2004 Annual Report along with a filing fee of \$150.00, for the above-mentioned subject.

Please note that we did not received the first post card with a requested due date of May 1, 2004. As a result of the second post card with notification of intent to dissolve, we would greatly appreciate you waiving the additional filing fee of \$400.00.

Should you have any questions, please feel free to contact me at (212) 598-1226.

Novelette Barton

Novelette Barton
Financial Reporting

FLORIDA FOR PROFIT CORPORATION ANNUAL REPORT
 YEAR - 2004

PARK AVENUE LIFE INSURANCE COMPANY

DIRECTORS CONTINUED:	TITLE	ADDRESS:	
Broatch, Robert E	D	7 Hanover Square	New York, NY 10004-2616 Addition
Caruso, Joseph A *	D/SV/CORPORATE S	7 Hanover Square	New York, NY 10004-2616 Addition

OFFICERS CONTINUED:

Bialeck, Alan R	V Tax	7 Hanover Square	New York, NY 10004-2616 Addition
Farnsworth-Einsidler, Karen	V Invest & RE Counsel	7 Hanover Square	New York, NY 10004-2616 Addition
Hurley, John R	V Government Relations	7 Hanover Square	New York, NY 10004-2616 Addition
Padavano, Alphonusus L	AV & Controller	7 Hanover Square	New York, NY 10004-2616 Addition
Rose, Roland R	Associate Actuary	7 Hanover Square	New York, NY 10004-2616 Addition
Shaw, Stuart J	V Group Products	7 Hanover Square	New York, NY 10004-2616 Addition

*Director/Officer

Attachment
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