


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90005 010 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 819049</b>                             |  |
| 1. Entity Name<br>PARK AVENUE LIFE INSURANCE COMPANY |   |

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

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip Country   | Zip Country                               |

07052006 Chg-P CR2E034 (11/05)

4. FEI Number **04-2350154** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | DPCE                   | <input type="checkbox"/> Delete            |
| NAME           | DEPALO, ARMAND         |  |
| STREET ADDRESS | 7 HANOVER SQ           |  |
| CITY-ST-ZIP    | NEW YORK, NY 100042616 |  |
| TITLE          | EPCI                   | <input type="checkbox"/> Delete            |
| NAME           | SORELL, THOMAS G       |  |
| STREET ADDRESS | 7 HANOVER SQ           |  |
| CITY-ST-ZIP    | NEW YORK, NY 100042615 |  |
| TITLE          | DVR                    | <input checked="" type="checkbox"/> Delete |
| NAME           | STARR, JEREMY          |  |
| STREET ADDRESS | 7 HANOVER SQ           |  |
| CITY-ST-ZIP    | NEW YORK, NY 100042616 |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | MANNING, DENNIS J      |  |
| STREET ADDRESS | 7 HANOVER SQUARE       |  |
| CITY-ST-ZIP    | NEW YORK, NY 100042616 |  |
| TITLE          | DSVS                   | <input type="checkbox"/> Delete            |
| NAME           | CARUSO, JOSEPH A       |  |
| STREET ADDRESS | 7 HANOVER SQ           |  |
| CITY-ST-ZIP    | NEW YORK, NY 100042616 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOHN H. FLANNIGAN  |  |
| STREET ADDRESS | 7 HANOVER SQUARE   |  |
| CITY-ST-ZIP    | NEW YORK, NY 10004 |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen L. Olvany **KAREN L. OLVANY** 7/06/06 (212) 598-7499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



# ATTACHMENT

DSVS  
JOSEPH A CARUSO  
7 HANOVER SQ  
NEW YORK, NY 100042616

20056041  
#819049

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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ATTACHMENT

20050041  
# 819049



GUARDIAN®

July 5, 2006

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

RE: 2005 Annual Report – The Park Avenue Life Insurance Company – NAIC #60003

To Whom It May Concern:

Enclosed, please find the completed 2005 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, 2006. As a result of the second post card with notification of intends 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) 919-3320.

Sincerely Yours,

Savita Hiralal  
Sr. Statutory Accountant