

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 819049 1. Entity Name PARK AVENUE LIFE INSURANCE COMPANY	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business 1209 ORANGE ST WILMINGTON, DE 19801 US	Mailing Address 7 HANOVER SQUARE H-17-J NEW YORK, NY 10004-2616 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10112007	REIN-P	CR2E098 (1/07)
4. FEI Number 04-2350154	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399	7. Name and Address of New Registered Agent Name: <u>Karen L. Olvany</u> Street Address (P.O. Box Number is Not Acceptable): <u>7 Hanover Square, H 27-A</u> City: <u>New York</u> NY <u>NY</u> Zip Code: <u>10004</u>
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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: Karen L. Olvany Karen L. Olvany, Assistant Corporate Secretary 10/17/2007
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS ~~\$750.00~~ ^{\$550.00}
 After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE <input type="checkbox"/> Delete DEPALO, ARMAND 7 HANOVER SQ NEW YORK, NY 100042616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500111363845 10/25/07--01050--012 **558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPCI <input type="checkbox"/> Delete SORELL, THOMAS G 7 HANOVER SQ NEW YORK, NY 100042615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLANNIGAN, JOHN H 7 HANOVER SQ NEW YORK, NY 100042616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK, NY 100042616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVS <input type="checkbox"/> Delete CARUSO, JOSEPH A 7 HANOVER SQ NEW YORK, NY 100042616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Executive VP & Corporate Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PLEASE SEE ATTACHED FOR COMPLETE LIST) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 07 ACS

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: Joseph A. Caruso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

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PARK AVENUE LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY 10004

Directors

Robert E. Broatch
Joseph A. Caruso
Armand M. de Palo
John H. Flannigan
Dennis J. Manning

Principal Officers

President & Chief Executive Officer
Executive Vice President & Chief Investment Officer
Executive Vice President & Corporate Secretary
Vice President, Investment & Real Estate Counsel
Vice President, Government Relations
Vice President, Group Products
Treasurer
Assistant Vice President & Controller
Associate Actuary

Armand M. de Palo
Thomas G. Sorell
Joseph A. Caruso
Karen Farnsworth-Einsidler
John R. Hurley
Stuart J. Shaw
Barry I. Belfer
Alphonsus L. Padavano
Roland R. Rose

ALL OFFICERS/DIRECTORS ARE AT ADDRESS LISTED ABOVE.



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Susanne Perez
Administrative Manager,
Office of the
Corporate Secretary

October 22, 2007

Florida Department of State Division of Corporations
Reinstatement Section
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Debra Sterling

Dear Ms. Sterling,

As per our phone conversation, I had initially sent the annual report late and was charged a fee of \$550.00, which was enclosed with the filing. Unfortunately the report and the check were lost in mail.

Please waive the reinstatement fee as I have completed another form and sent another check that reflects the original fee of \$550 and a request for a Certificate of Authority.

Thank you in advance for your cooperation in this situation.

Sincerely,