

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819049

FILED
Apr 21, 2009
Secretary of State

Entity Name: PARK AVENUE LIFE INSURANCE COMPANY

Current Principal Place of Business:

1209 ORANGE ST
WILMINGTON, DE 19801 US

New Principal Place of Business:

Current Mailing Address:

7 HANOVER SQUARE H-17-J
NEW YORK, NY 100042616 US

New Mailing Address:

FEI Number: 04-2350154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE () Delete
Name: DE PALO, ARMAND
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616 US

Title: EVCI () Delete
Name: SORELL, THOMAS G
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616 US

Title: D () Delete
Name: FLANNIGAN, JOHN H
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616 US

Title: D () Delete
Name: MANNING, DENNIS J
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616 US

Title: D () Delete
Name: CARUSO, JOSEPH A
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004 US

Title: T () Delete
Name: BELFER, BARRY I
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SNYDER, BARBARA L
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 100042616 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH A. CARUSO

D

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date