


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90127 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848325
 1. Corporation Name
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION



Principal Place of Business 51 MADISON AVE. NEW YORK NY 10010	Mailing Address 51 MADISON AVE. NEW YORK NY 10010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 02/23/1981	4. FEI Number 13-3044743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**TREASURER & INSURANCE COMMISSIONER
 FLORIDA DEPARTMENT OF INSURANCE
 200 EAST GAINES STREET
 TALLAHASSEE FL 32399-6562**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME STERNBERG, SEYMOUR	
STREET ADDRESS 51 MADISON AVE	
CITY-ST-ZIP NEW YORK NY 10010	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME TRAPP, GEORGE JOSEPH	
STREET ADDRESS 51 MADISON AVE	
CITY-ST-ZIP NEW YORK NY	
TITLE VTD	<input checked="" type="checkbox"/> DELETE
NAME CALHOUN, JAY S 111	
STREET ADDRESS 51 MADISON AVE.	
CITY-ST-ZIP NEW YORK NY	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME ROCK, ROBERT DONALD	
STREET ADDRESS 51 MADISON AVE.	
CITY-ST-ZIP NEW YORK NY	
TITLE P/D	<input type="checkbox"/> DELETE
NAME FREDERICK J SIEVERT	
STREET ADDRESS 51 MADISON AVE.	
CITY-ST-ZIP NEW YORK NY 10010	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME CHENG, WILLIAM Y	
STREET ADDRESS 51 MADISON AVE.	
CITY-ST-ZIP NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME David Anthony Knox Harland	
1.3 STREET ADDRESS 51 Madison Avenue	
1.4 CITY-ST-ZIP New York, NY 10010	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME George J. Trapp	
2.3 STREET ADDRESS 51 Madison Avenue	
2.4 CITY-ST-ZIP New York, NY 10010	
3.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Jay S. Calhoun, III	
3.3 STREET ADDRESS 51 Madison Avenue	
3.4 CITY-ST-ZIP New York, NY 10010	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Robert D. Rock	
4.3 STREET ADDRESS 51 Madison Avenue	
4.4 CITY-ST-ZIP New York, NY 10010	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Maryann Ingenito SIGNATURE REQUIRED Maryann Ingenito 4/16/99 212-576-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

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447707-90127

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NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

(Incorporated Delaware, November 3, 1980.
Subsidiary of New York Life Insurance Company
200 Continental Drive, Newark, NJ 19713)

DIRECTORS

Howard I. Atkins	51 Madison Avenue, New York, NY 10010
Frank M. Boccio	51 Madison Avenue, New York, NY 10010
Michael G. Gallo	51 Madison Avenue, New York, NY 10010
Solomon Goldfinger	51 Madison Avenue, New York, NY 10010
Phillip J. Hildebrand	51 Madison Avenue, New York, NY 10010
Richard M. Kernan, Jr.	51 Madison Avenue, New York, NY 10010

OFFICERS

Howard I. Atkins <i>Executive Vice President and Chief Financial Officer</i>	51 Madison Avenue, New York, NY 10010
Gary G. Benanav <i>Executive Vice President</i>	51 Madison Avenue, New York, NY 10010
Michael J. McLaughlin <i>Senior Vice President and General Counsel</i>	51 Madison Avenue, New York, NY 10010
Stephen N. Steinig <i>Senior Vice President and Chief Actuary</i>	51 Madison Avenue, New York, NY 10010
Thomas J. Warga <i>Senior Vice President and General Auditor</i>	51 Madison Avenue, New York, NY 10010
Maryann L. Ingenito <i>Vice President and Controller</i>	51 Madison Avenue, New York, NY 10010