

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848325

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

**Current Principal Place of Business:**

51 MADISON AVE.  
NEW YORK, NY 10010

**New Principal Place of Business:**

**Current Mailing Address:**

51 MADISON AVE.  
NEW YORK, NY 10010

**New Mailing Address:**

FEI Number: 13-3044743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: EV ( ) Delete  
Name: BENANAV, GARY G  
Address: 51 MADISON AVE  
City-St-Zip: NEW YORK, NY 10010

Title: SV ( ) Delete  
Name: COLLOTON, PATRICK G  
Address: 11400 TOMAHAWK CREEK PKWY, STE 200  
City-St-Zip: LEAWOOD, KS 66211

Title: SVT ( ) Delete  
Name: CALHOUN, JAY S 111  
Address: 51 MADISON AVE.  
City-St-Zip: NEW YORK, NY

Title: SV ( ) Delete  
Name: ROCK, ROBERT DONALD,  
Address: 51 MADISON AVE.  
City-St-Zip: NEW YORK, NY

Title: P/D ( ) Delete  
Name: FREDERICK J SIEVERT,  
Address: 51 MADISON AVE.  
City-St-Zip: NEW YORK, NY 10010

Title: AS ( ) Delete  
Name: MEIROWITZ, MARK  
Address: 51 MADISON AVE.  
City-St-Zip: NEW YORK, NY 10010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: EV (X) Change ( ) Addition  
Name: HILDEBRAND, PHILLIP J  
Address: 51 MADISON AVE  
City-St-Zip: NEW YORK, NY 10010

Title: EV (X) Change ( ) Addition  
Name: MATHAS, THEODORE A  
Address: 11400 TOMAHAWK CREEK PKWY, STE 200  
City-St-Zip: LEAWOOD, KS 66211

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK MEIROWITZ

AS

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date