

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 19 AM 1:09

**DOCUMENT # P22448 (5)**

1. Corporation Name  
**NYLIFE INSURANCE COMPANY OF ARIZONA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**51 MADISON AVE      51 MADISON AVE  
NEW YORK NY 10010      NEW YORK NY 10010**

DO NOT WRITE IN THIS SPACE.

|  |  |   |  |
|--|--|---|--|
| 3. Date Incorporated or Qualified<br><b>12/30/1988</b>   |  | 3a. Date of Last Report<br><b>05/01/1994</b>  |  |
| 4. FEI Number<br><b>52-1530175</b>   |  | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |  |
| 2. Principal Place of Business<br>21   |  | 2a. Mailing Address<br>26   |  |
| Suite, Apt. #, etc.<br>22  |  | Suite, Apt. #, etc.<br>27   |  |
| City & State<br>23   |  | City & State<br>28  |  |
| Zip      Country<br>24      25   |  | Zip      Country<br>29      30  |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   |  | \$0.75 Additional Fee Required  |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  |  | \$5.00 May Be Added to Fees   |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>INSURANCE COMMISSIONER<br/>THE CAPITOL<br/>PLAZA LEVEL ELEVEN<br/>TALLAHASSEE FL 32309-0300</b> |  | 10. Name and Address of New Registered Agent          |  |
| 81 Name   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83  |  | 84 City   |  |
|   |  | 85 Zip Code<br><b>FL</b>                              |  |

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

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>PDC</b>                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHOENBERG, LESTER L.</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>51 MADISON AVENUE</b>     | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NEW YORK NY</b>           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>VT</b>                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CALHOUN, JAY S. III</b>   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>51 MADISON AVE.</b>       | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NEW YORK NY</b>           | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>S</b>                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCGRATH, MAUREEN</b>      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>51 MADISON AVENUE</b>     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NEW YORK NY</b>           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>V</b>                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SHEA, THOMAS P.</b>       | 4.2 NAME  |   |
| STREET ADDRESS             | <b>51 MADISON AVENUE</b>     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NEW YORK NY</b>           | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>V</b>                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GOLDFINGER, SOLOMON</b>   | 5.2 NAME  |   |
| STREET ADDRESS             | <b>51 MADISON AVENUE</b>     | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NEW YORK NY</b>           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GAMMILL, LEE M., JR.</b>  | 6.2 NAME  |   |
| STREET ADDRESS             | <b>51 MADISON AVENUE</b>     | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NEW YORK NY</b>           | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maryann Ingenito*      **Maryann Ingenito**      4/10/95      212-576-7170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division File No.

P22418

**NYLIFE INSURANCE COMPANY OF ARIZONA**

**DIRECTORS**

Jean E. Hoysradt 51 Madison Avenue, New York, New York 10010  
Lyle R. Paul 51 Madison Avenue, New York, New York 10010  
Robert D. Rock 51 Madison Avenue, New York, New York 10010  
Richard A. Wecker 51 Madison Avenue, New York, New York 10010

**OFFICERS**

Walter M. Brady 51 Madison Avenue, New York, New York 10010  
Senior Vice President  
Jean E. Hoysradt 51 Madison Avenue, New York, New York 10010  
Senior Vice President  
Frank J. Ollari 51 Madison Avenue, New York, New York 10010  
Senior Vice President  
Michael J. Petrovich 577 Country Club Dr., Lake Ozark, MO 65049  
Senior Vice President  
Marc J. Chalfin 51 Madison Avenue, New York, New York 10010  
Vice President  
and Controller  
Melvin J. Feinberg 51 Madison Avenue, New York, New York 10010  
Vice President  
Maryann L. Ingenito 51 Madison Avenue, New York, New York 10010  
Vice President and  
Assistant Controller  
Martin R. Claire 51 Madison Avenue, New York, New York 10010  
Corporate Vice President  
and Actuary