

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

102

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22448 (5)
 1. Corporation Name
NYLIFE INSURANCE COMPANY OF ARIZONA



Principal Place of Business 51 MADISON AVE NEW YORK NY 10010	Mailing Address 51 MADISON AVE NEW YORK NY 10010
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 04/19/1995
21	26	4. FET Number 52-1530175	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		29	30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

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

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and filing agent. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SCHOENBERG, LESTER L.	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CALHOUN, JAY S. III	
STREET ADDRESS	51 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGRATH, MAUREEN	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEA, THOMAS P.	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLDFINGER, SOLOMON	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAMMILL, LEE M., JR.	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHOENBERG, LESTER L.	
1.3 STREET ADDRESS	51 MADISON AVE.	
1.4 CITY-ST-ZIP	NEW YORK, NY	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GOLDFINGER, SOLOMON	
5.3 STREET ADDRESS	51 MADISON AVE.	
5.4 CITY-ST-ZIP	NEW YORK, NY	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, 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 212-576-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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NYLIFE INSURANCE COMPANY OF ARIZONA

DIRECTORS

Michael G. Gallo	51 Madison Avenue, New York, New York 10010
Gary R. McPhail	51 Madison Avenue, New York, New York 10010
Anne F. Pollack	51 Madison Avenue, New York, New York 10010
Robert D. Rock	51 Madison Avenue, New York, New York 10010
Frederick J. Sievert	51 Madison Avenue, New York, New York 10010
Richard A. Wecker	51 Madison Avenue, New York, New York 10010

OFFICERS

Frederick J. Sievert Chairman, President	51 Madison Avenue, New York, New York 10010
Jean E. Hoysradt Senior Vice President	51 Madison Avenue, New York, New York 10010
Frank J. Ollari Senior Vice President	51 Madison Avenue, New York, New York 10010
Anne F. Pollack Senior Vice President	51 Madison Avenue, New York, New York 10010
Marc J. Chalfin Vice President and Controller	51 Madison Avenue, New York, New York 10010
Melvin J. Feinberg Vice President	51 Madison Avenue, New York, New York 10010
Maryann L. Ingenito Vice President and Assistant Controller	51 Madison Avenue, New York, New York 10010
Robert A. Slepicka Vice President	51 Madison Avenue, New York, New York 10010
Martin R. Claire Corporate Vice President and Actuary	51 Madison Avenue, New York, New York 10010