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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

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 10010-1603**

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **05/01/1996**

4. FEI Number **52-1530175** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>D</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>VD</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                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 6.4 CITY-ST-ZIP                                       |   |

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*Sl*  
*6-27-97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *M. Mortham*

CR2E034 (9/96)

2

**NYLIFE INSURANCE COMPANY OF ARIZONA**

**DIRECTORS**

Michael G. Gallo 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 51 Madison Avenue, New York, New York 10010  
Chairman, 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  
Anne F. Pollack 51 Madison Avenue, New York, New York 10010  
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

