

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803287

Entity Name: NEW YORK LIFE INSURANCE COMPANY**Current Principal Place of Business:**51 MADISON AVENUE
NEW YORK, NY 10010**Current Mailing Address:**51 MADISON AVENUE
SUITE 1309
NEW YORK, NY 10010**FEI Number:** 13-5582869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**Title CHAIRMAN, PRESIDENT, CEO
Name MATHAS, THEODORE A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010Title VP
Name DAVIDSON, SHEILA K
Address 51 MADISON AVE
City-State-Zip: NEW YORK NY 10010Title VP, SECRETARY
Name THROPE, SUSAN A
Address 51 MADISON AVE
City-State-Zip: NEW YORK NY 10010Title VP, TREASURER
Name HENDRY, THOMAS A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010Title VP, CFO
Name FLEURANT, JOHN T
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010Title DIRECTOR
Name SCHIEVELBEIN, THOMAS C
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

I hereby 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 all other like empowered.

SIGNATURE: JOHN THOMAS FLEURANT**CFO****04/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date