

2018 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
NEW YORK, NY 10010 US**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 DIRECTOR
Name MATHAS, THEODORE A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title SVP, TREASURER
Name HENDRY, THOMAS A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name FIEDLER, MARK L
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title PRESIDENT
Name KIM, JOHN Y
Address 51 MADISON AVE
City-State-Zip: NEW YORK NY 10010

Title SECRETARY
Name MEADE, COLLEEN A.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name ALEWINE, BETTY C.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name BUCK, MICHELE G.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name CARTER, ROBERT B.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

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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: COLLEEN A. MEADE**SECRETARY****04/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DE LA VEGA, RALPH
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name KINNAIRD, DONNA H.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name SCHIEVELBEIN, THOMAS C.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name SMITH, GERALD B.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name GOLD, CHRISTINA A.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name MOSER, S. THOMAS
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name SHIRLEY, EDWARD D.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name WALTER, WILLIAM G.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010