

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812810

Entity Name: LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK**Current Principal Place of Business:**120 MADISON STREET
SUITE 1310
SYRACUSE, NY 13202**Current Mailing Address:**120 MADISON STREET
SUITE 1310
SYRACUSE, NY 13202 US**FEI Number:** 22-0832760**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	SECRETARY
Name	SHEPPARD, ROBERT O.
Address	150 NORTH RADNOR CHESTER ROAD
City-State-Zip:	RADNOR PA 19087

Title	TREASURER
Name	COUTTS, JEFFREY D.
Address	150 NORTH RADNOR CHESTER ROAD
City-State-Zip:	RADNOR PA 19087

Title	DIRECTOR
Name	PITTARD, PATRICK S.
Address	20 CATES RIDGE
City-State-Zip:	ATLANTA GA 30327

Title	DIRECTOR, PRESIDENT
Name	GLASS, DENNIS R.
Address	150 NORTH RADNOR CHESTER ROAD
City-State-Zip:	RADNOR PA 19087

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT
Name	COOPER, ELLEN G.
Address	150 NORTH RADNOR CHESTER ROAD
City-State-Zip:	RADNOR PA 19087

Title	ASSISTANT SECRETARY
Name	ONDECKER, MARILYN K.
Address	1300 SOUTH CLINTON STREET
City-State-Zip:	FORT WAYNE IN 46802

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: MARILYN K. ONDECKER**ASSISTANT SECRETARY** 02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date