

**2021 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	Title	DIRECTOR, PRESIDENT
Name	SHEPPARD, ROBERT O.	Name	GLASS, DENNIS R.
Address	120 MADISON STREET SUITE 1310	Address	150 NORTH RADNOR CHESTER ROAD
City-State-Zip:	SYRACUSE NY 13202	City-State-Zip:	RADNOR PA 19087
Title	TREASURER	Title	DIRECTOR
Name	GIOVANNI, CHRISTOPHER A.	Name	COOPER, ELLEN G.
Address	150 NORTH RADNOR CHESTER ROAD	Address	150 NORTH RADNOR CHESTER ROAD
City-State-Zip:	RADNOR PA 19087	City-State-Zip:	RADNOR PA 19087
Title	DIRECTOR	Title	ASSISTANT SECRETARY
Name	PITTARD, PATRICK S.	Name	ONDECKER, MARILYN K.
Address	20 CATES RIDGE	Address	1301 SOUTH HARRISON STREET
City-State-Zip:	ATLANTA GA 30327	City-State-Zip:	FORT WAYNE IN 46802
Title	DIRECTOR	Title	DIRECTOR
Name	KONEN, MARK E.	Name	HENDERSON, GEORGE W. III
Address	4901 AVENUE G	Address	300 NORTH GREENE STREET
City-State-Zip:	AUSTIN TX 78751	City-State-Zip:	GREENSBORO NC 27401

**Continues on page 2**

*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** 04/03/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FREITAG, RANDAL J.  
Address 150 NORTH RADNOR CHESTER ROAD  
City-State-Zip: RADNOR PA 19087

Title DIRECTOR  
Name LACHMAN, M. LEANNE  
Address 870 UNITED NATIONS PLAZA  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name MARCOCCIA, LOUIS G.  
Address 120 MADISON STREET  
SUITE 1310  
City-State-Zip: SYRACUSE NY 13202