

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848325

**Entity Name:** NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC8359992318**

**Current Principal Place of Business:**

51 MADISON AVE.  
10SB  
NEW YORK, NY 10010

**Current Mailing Address:**

51 MADISON AVE.  
10SB  
NEW YORK, NY 10010

**FEI Number: 13-3044743**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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 EV/D  
Name BOCCIO, FRANK M  
Address 51 MADISON AVE  
City-State-Zip: NEW YORK NY 10010

Title C/P  
Name MATHAS, THEODORE A  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title D/SV  
Name LASH, STEVEN D  
Address 51 MADISON AVE.  
City-State-Zip: NEW YORK NY

Title SVP  
Name ENGLISH, THOMAS F  
Address 51 MADISON AVE.  
City-State-Zip: NEW YORK NY

Title SV/D  
Name SETER, ARTHUR H  
Address 51 MADISON AVE.  
City-State-Zip: NEW YORK NY 10010

Title EV/D  
Name BLUNT, CHRISTOPHER O  
Address 51 MADISON AVE.  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR, SVP  
Name ASHE, CHRISTOPHER  
Address 51 MADISON AVE.  
10SB  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name FLEURANT, JOHN T.  
Address 51 MADISON AVE.  
10SB  
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: ANNA L. BIDWELL**

**ASSOCIATE LEGAL  
OFFICER & SECRETARY**

**04/30/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VP  
Name GARDNER, ROBERT M.  
Address 51 MADISON AVE.  
10SB  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR, SVP  
Name LAWTON, DREW E.  
Address 51 MADISON AVE.  
10SB  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR, SVP CHIEF RISK OFFICER & CHIEF  
ACTUARY  
Name STEINBERG, JOEL M.  
Address 51 MADISON AVE.  
10SB  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name THROPE, SUSAN A.  
Address 51 MADISON AVE.  
10SB  
City-State-Zip: NEW YORK NY 10010

Title ASSOCIATE LEGAL OFFICER & SECRETARY  
Name BIDWELL, ANNA L.  
Address 51 MADISON AVE.  
10SB  
City-State-Zip: NEW YORK NY 10010