

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848325

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

Entity Name: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

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

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: 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