

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848325

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
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 BOCCIO, FRANK M
Address 51 MADISON AVE
City-State-Zip: NEW YORK NY 10010

Title CHAIRMAN, PRESIDENT, DIRECTOR
Name MATHAS, THEODORE A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

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

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

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

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

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

Title DIRECTOR, CFO, VP
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 AND
SECRETARY****04/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP, DIRECTOR
Name STEINBERG, JOEL M.
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

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