

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848325

**Entity Name:** NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**Current Principal Place of Business:**51 MADISON AVENUE  
NEW YORK, NY 10010**Current Mailing Address:**51 MADISON AVENUE  
NEW YORK, NY 10010 US**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 GROVE, MATTHEW M.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

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

Title DIRECTOR  
Name FLEURANT, JOHN T.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name COOK, ALEXANDER I.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name BEDARD, DAVID G.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name ASHE, CHRISTOPHER T.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

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

Title SECRETARY  
Name MEADE, COLLEEN A.  
Address 51 MADISON AVENUE  
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: COLLEEN A. MEADE****SECRETARY****04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT AND TREASURER  
Name HALLAHAN, MARY  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name WION, MATTHEW D.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

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

Title DIRECTOR  
Name MADGETT, MARK J.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name HENDRY, THOMAS A.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title PRESIDENT AND DIRECTOR  
Name KIM, JOHN Y.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name STEINBERG, JOEL M.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name MILLER, AMY  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name HUANG, DYLAN W.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name HARTE, FRANK  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010