

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22448

Entity Name: NYLIFE INSURANCE COMPANY OF ARIZONA

Current Principal Place of Business:

51 MADISON AVENUE
NEW YORK, NY 10010

FILED
Jun 25, 2020
Secretary of State
6009066448CC

Current Mailing Address:

51 MADISON AVENUE
NEW YORK, NY 10010 US

FEI Number: 52-1530175

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 VP
Name CARBONE, JEANNE W.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title VP
Name CHERPELIS, GEORGE S.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

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

Title EVP, CFO
Name FELDSTEIN, ERIC
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 VP, TREASURER
Name HALLAHAN, MARY T.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name KRAVITZ, JODI L.
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

06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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