

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22448

**Entity Name:** NYLIFE INSURANCE COMPANY OF ARIZONA

**Current Principal Place of Business:**

51 MADISON AVE  
NEW YORK, NY 10010

**Current Mailing Address:**

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

Title DIRECTOR (CHAIRMAN), CEO,  
PRESIDENT  
Name DESANTO, CRAIG L  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

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

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

Title DIRECTOR  
Name FONG, MICHAEL  
Address 51 MADISON AVE  
City-State-Zip: NEW YORK NY 10010

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

Title ASSOCIATE LEGAL OFFICER &  
SECRETARY  
Name MEADE, COLLEEN A.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

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

*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**

**04/20/2017**

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

\_\_\_\_\_  
Date