2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22448

Entity Name: NYLIFE INSURANCE COMPANY OF ARIZONA

FILED Apr 04, 2014 **Secretary of State** CC4830826064

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: 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** Title

Name GARDNER, ROBERT M Name DESANTO, CRAIG L Address 51 MADISON AVE Address 51 MADISON AVENUE City-State-Zip: NEW YORK NY 10010 City-State-Zip: NEW YORK NY 10010

Title Title DIRECTOR

Name ENGLISH, THOMAS F Name GIRARD, THOMAS J. Address 51 MADISON AVENUE Address 51 MADISON AVE City-State-Zip: NEW YORK NY 10010 City-State-Zip: NEW YORK NY 10010

Title ASSOCIATE LEGAL OFFICER, Title CHAIRMAN, CEO, PRESIDENT, SECRETARY

DIRECTOR

Name BIDWELL, ANNA L. Name LASH, STEVEN D. 51 MADISON AVE Address Address 51 MADISON AVE 10SB

10SB

City-State-Zip: NEW YORK NY 10010 City-State-Zip: NEW YORK NY 10010

Title VP, DIRECTOR FONG, MICHAEL Name 51 MADISON AVE Address 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: ANNA L. BIDWELL

ASSOCIATE LEGAL OFFICER AND **SECRETARY**

DIRECTOR

04/04/2014