

**2023 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**  
**Apr 24, 2023**  
**Secretary of State**  
**4543218594CC**

**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 CEO, PRESIDENT, DIRECTOR  
Name SARRUBO, AMANDA KUHL  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title VP  
Name MILLAY, EDWARD PAUL  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title VP  
Name MCNAMARA, STEPHEN JOHN  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title VP, TREASURER  
Name HALLAHAN, MARY TERESA  
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

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

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

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

**Continues on page 2**

*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**

**ASSOCIATE GENERAL  
COUNSEL**

**04/24/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KRAVITZ , JODI LYNN  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name VICENT, CARLOS BERNARD  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010