

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848325

FILED
Apr 27, 2005
Secretary of State

Entity Name: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Current Principal Place of Business:

51 MADISON AVE.
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

51 MADISON AVE.
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 13-3044743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EV () Delete
Name: HILDEBRAND, PHILLIP J
Address: 51 MADISON AVE
City-St-Zip: NEW YORK, NY 10010

Title: EV () Delete
Name: MATHAS, THEODORE A
Address: 11400 TOMAHAWK CREEK PKWY, STE 200
City-St-Zip: LEAWOOD, KS 66211

Title: SVT () Delete
Name: CALHOUN, JAY S 111
Address: 51 MADISON AVE.
City-St-Zip: NEW YORK, NY

Title: SV () Delete
Name: ROCK, ROBERT DONALD,
Address: 51 MADISON AVE.
City-St-Zip: NEW YORK, NY

Title: P/D () Delete
Name: FREDERICK J SIEVERT,
Address: 51 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: AS () Delete
Name: MEIROWITZ, MARK
Address: 51 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SV (X) Change () Addition
Name: ROBERT, ROCK D
Address: 51 MADISON AVE.
City-St-Zip: NEW YORK, NY

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: THOMPSON, GERARD F
Address: 51 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERARD F. THOMPSON

AS

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date