**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

**95 APR 19 AM 1:09**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01427** **(4)**

1. Corporation Name
**NEW YORK LIFE AND HEALTH INSURANCE COMPANY**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 51 MADISON AVE.<br>NEW YORK NY 10010 | 51 MADISON AVE.<br>NEW YORK NY 10010 |

3. Date Incorporated or Qualified: **03/29/1984**
3a. Date of Last Report: **05/01/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: **13-3139500** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER**
**THE CAPITOL**
**PLAZA LEVEL ELEVEN**
**TALLAHASSEE FL 32399-7300**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STERNBERG, SEYMOUR | 1.2 NAME | | |
| STREET ADDRESS | 51 MADISON AVENUE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | | |
| TITLE | S | 2.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | BRENNER, NANCY | 2.2 NAME | Maureen McGrath | |
| STREET ADDRESS | 51 MADISON AVENUE | 2.3 STREET ADDRESS | 51 Madison Avenue | |
| CITY-ST-ZIP | NEW YORK NY | 2.4 CITY-ST-ZIP | New York, NY | |
| TITLE | VTD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CALHOUN, JAY S. III | 3.2 NAME | | |
| STREET ADDRESS | 51 MADISON AVENUE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, ROBERT LINDLEY | 4.2 NAME | | |
| STREET ADDRESS | 51MADISON AVENUE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KERNAN, RICHARD M. JR | 5.2 NAME | | |
| STREET ADDRESS | 51 MADISON AVENUE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 5.4 CITY-ST-ZIP | | |
| TITLE | VD | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WELCH, ROBIN B | 6.2 NAME | | |
| STREET ADDRESS | 51 MADISON AVENUE | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Maryann Ingenito Maryann Ingenito 4/10/95 212-576-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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**NEW YORK LIFE AND HEALTH INSURANCE COMPANY**

**OFFICERS**

| | |
|---|---|
| **Julius G. Alberico**<br>**Vice President**<br>**Group Sales** | **51 Madison Avenue, New York, New York 10010** |
| **Marc J. Chalfin**<br>**Vice President**<br>**and Controller** | **51 Madison Avenue, New York, New York 10010** |
| **Maryann L. Ingenito**<br>**Vice President and**<br>**Assistant Controller** | **51 Madison Avenue, New York, New York 10010** |
| **Michel Laverdiere**<br>**Vice President**<br>**and Actuary** | **51 Madison Avenue, New York, New York 10010** |

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