## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 5-2-46-B

1996

DOCUMENT #
1. Corporation Name

1-2

NEW	YORK LIFE AND HEALT	'H INSURAI	NCE COMPAN	IY 							
Principal Place	of Business	Mailin	g Address						KATA KANT MINIT	#1811 <b>8</b> 1811 8	8
51 MADISON AVE.  NEW YORK NY 10010  S1 MADISON AVE.  NEW YORK NY 10010			0								
								<ol> <li>Date Incorporated or Qualified 03/29/1984</li> </ol>	4	e of Last F <b>04/19/</b> 1	•
2. Principal Pla	ace of Business	2a. M	ailing Address				$\neg$	4. FEI Number	•		Applied For
21		26						13-3139500		ا الب	Not Applicable
Suite, Apt. #		27					5. Certificate of Status Desired		• -	5 Additional Required	
City & State	•	<del></del>	ty & State				İ	6. Election Campaign Financing			<b>)0</b> May Be
23	[28]		T				Trust Fund Contribution			ed to Fees	
Zip	Country 25	29 Zış	0	Country 30				8. This corporation has liability for Florida Statutes	intangible ta S No	xx under s	; 199.032,
24	9. Name and Address of Cu	<del> l k</del>	ed Agent	130	1			10. Name and Address of New		Agent	
	S. Hamo and Addition of the	TOTAL FILE GISTON	ou rigoni		81	Name		10. 110.110	10310100		
MICHE	ANCE COMMISSIONED										
	ANCE COMMISSIONER				82	Street A	ddres	s (P.O. Box Number is Not Accepta	ble)		
	LEVEL ELEVEN				83	-					
	HASSEE FL 32399-7300										94 · · · · · · · · · · · · · · · · · · ·
IALLA	HAGGE LE 05099-1000				84	City			FL	85 Z	ip Code
11. Pursuant to	o the provisions of Sections 607.0	0502 and 607.1	508, Florida Statute	s, the abo	Ne L	named cor	porati	on submits this statement for the p	roose of ch	anging its	registered office
or registere familiar wit	ed agent, or both, in the State of I h, and accept the obligations of, S	Florida. Such ch Section 607.050	iange was authorizi 35. Florida Statutes	ed by the	corp	oration's b	oard (	of directors. I hereby accept the ap-	pointment as	registered	d agent. I am
SIGNATURE	,										
	Signature, typed or printed name of registered	agent and title if applic	sable. (NO	TE Registered	1 Agen	t signature rec	quired w	hen reinstatingi	DATE		
12.	<del></del>	AND DIRECTO		13.		·····		ADDITIONS/CHANGES TO OF			
TITLE	PD		☐ DELETE	1.11	TITLE				[	☐ Change	☐ Addition
NAME	STERNBERG, SEYMOU	R		1.2 N	AME	1					
STREET ADDRESS	51 MADISON AVENUE			1.3 S	TREET	ADDRESS					
CHY-ST-ZIP	NEW YORK NY				ITY-S	T-ZIP					
TITLE	\$		☐ DELETE	2 1 1	ITLE				l	Change	Addition
NAME	MCGRATH, MAUREEN			22 N							
STREET ADDRESS	51 MADISON AVENUE			235	TREET	ADDRESS					
CHTY-ST-ZIP	NEW YORK NY		F3 00/ F3 0		1TY - S	T-ZIP				<del></del>	F-1 4 4 PV
1:TLE	VTD		DELETE	3 1 1					l	☐ Chang∈	Addition
NAME	CALHOUN, JAY S. III			32 N							
STREET ADDRESS	51 MADISON AVENUE			33.8	STREET	ADDRESS					
CHTY-ST-ZIP	NEW YORK NY	<del></del>	C DELETE		ITY-S	1 - ZIP				Channel	- Addison
TITLE	VD	 FW	☐ DELETE	4 11						Change	Addition
NAME	SMITH, ROBERT LINDLE	Ε¥			AME						
STREET ADDRESS	51 NADISON AVENUE					ADDRESS					
CITY-ST-ZIP	NEW YORK NY		☐ DELETE	4.4 C 5. 1 T	ITY-S	r-ZIP				Change	Addition
TITLE	D D	In .	D becel						i	orange	☐ 200((0))
NAME CTOREX ADDRESS	KERNAN, RICHARD M.	JH		5.2 N		ADDRESS					
STREET ADDRESS	51 MADISON AVENUE					ADDRESS					
CITY - ST - ZIP TITLE	NEW YORK NY	······································	DELETE	5.4 C 6. 1 T	ITY-S	1-204				Change	Addition
	VD VCI CH DOBIN B		Faloretric						,	change	
NAME CAUCUL ADDRESS	WELCH, ROBIN B			62 N		*DDDC oc					
STREET ADDRESS	51 MADISON AVENUE			R		ADDRESS					i
CITY - ST - ZIP	NEW YORK NY			6.4 C	ITY · S	1-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 euto Maryann Ingenito

212-576-7170

## NEW YORK LIFE AND HEALTH INSURANCE COMPANY

## **DIRECTORS**

Julius G. Alberico	51 Madison Avenue, New York, New York 10010
	OFFICERS
Jean E. Hoysrodt Senior Vice President	51 Madison Avenue, New York, New York 10010
Julius G. Alberico Vice President Group Sales	51 Madison Avenue, New York, New York 10010
Marc J. Chalfin Vice President and Controller	51 Madison Avenue, New York, New York 10010
Maryann L. Ingenito Vice President and Assistant Controller	51 Madison Avenue, New York, New York 10010
Michel Laverdiere Vice President and Actuary	51 Madison Avenue, New York, New York 10010
Robert A. Many Vice President	51 Madison Avenue, New York, New York 10010