

1 of 5

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P01427 (4) 1. Corporation Name NEW YORK LIFE AND HEALTH INSURANCE COMPANY
--

Principal Place of Business 51 MADISON AVE. NEW YORK NY 10010	Mailing Address 51 MADISON AVE. NEW YORK NY 10010-1803
---	--

97 SEP 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1984		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3139500		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Now Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 400002304134--2 -09/25/97--01126--005			
				84 City ****165.00 ****165.00			

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 print 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	D
NAME	STERNBERG, SEYMOUR	1.2 NAME	STERNBERG, SEYMOUR
STREET ADDRESS	51 MADISON AVENUE	1.3 STREET ADDRESS	51 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK NY 10010
TITLE	S	2.1 TITLE	PD
NAME	MCCRATH, MAUREEN	2.2 NAME	LYNAUGH, JOSEPH T
STREET ADDRESS	51 MADISON AVENUE	2.3 STREET ADDRESS	1 LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK NY 10006
TITLE	VD	3.1 TITLE	VT
NAME	CALHOUN, JAY S. III	3.2 NAME	TERRY, RONALD J
STREET ADDRESS	51 MADISON AVENUE	3.3 STREET ADDRESS	1 LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK NY 10006
TITLE	VD	4.1 TITLE	VD
NAME	SMITH, ROBERT LINDLEY	4.2 NAME	ALBERICO, JULIUS G
STREET ADDRESS	51 MADISON AVENUE	4.3 STREET ADDRESS	1 LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NEW YORK NY 10006
TITLE	D	5.1 TITLE	VS
NAME	KERNAN, RICHARD M. JR	5.2 NAME	JARVIS, PAMELA
STREET ADDRESS	51 MADISON AVENUE	5.3 STREET ADDRESS	1 LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	NEW YORK NY 10006
TITLE	VD	6.1 TITLE	V
NAME	WELCH, ROBIN B	6.2 NAME	HOYSRADT, JEAN E
STREET ADDRESS	51 MADISON AVENUE	6.3 STREET ADDRESS	51 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	NEW YORK NY 10010

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 _____

CR2E034 (9/96)

NEW YORK LIFE AND HEALTH INSURANCE COMPANY

DIRECTORS

Alice T. Kane	51 Madison Avenue, New York, New York 10010
Richard M. Kernan, Jr.	51 Madison Avenue, New York, New York 10010
Frederick J. Sievert	51 Madison Avenue, New York, New York 10010
Stephen N. Steinig	51 Madison Avenue, New York, New York 10010

OFFICERS

Frank J. Ollari Senior Vice President	51 Madison Avenue, New York, New York 10010
Martin B. Rosen Senior Vice President	1 Liberty Plaza, New York, New York 100006
Celia M. Holtzberg Vice President	51 Madison Avenue, New York, New York 10010
Maryann L. Ingenito Vice President and Assistant Controller	51 Madison Avenue, New York, New York 10010
Francis E. Keenan Vice President	1 Liberty Plaza, New York, New York 100006
Michel Laverdiere Vice President and Actuary	1 Liberty Plaza, New York, New York 100006
Robert A. Many Vice President	1 Liberty Plaza, New York, New York 100006
James M. McCullough Vice President	1 Liberty Plaza, New York, New York 100006
Daniel J. McKillop Vice President	51 Madison Avenue, New York, New York 10010

Michael M. Oleske
Vice President and
Associate Tax Counsel

51 Madison Avenue, New York, New York 10010

Arthur H. Seter
Vice President

51 Madison Avenue, New York, New York 10010

Harold F. Sowders
Vice President

1 Liberty Plaza, New York, New York 100006

Mitchell S. Taks
Vice President and
Controller

1 Liberty Plaza, New York, New York 100006

Richard W. Zuccaro
Vice President

51 Madison Avenue, New York, New York 10010



The Company You Keep®

VIA FEDERAL EXPRESS
September 24, 1997
Mr. Andy Dunlap
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

9
**New York Life and Health
Insurance Company**
(A Delaware Corporation)
200 Continental Drive, Suite 306
Newark, DE 19713

**RE: NEW YORK LIFE AND HEALTH INSURANCE
COMPANY; Ref. Number PO1427**

Dear Mr. Dunlap:

As discussed with Mark Meirowitz of this office yesterday, please find attached the 1997 Annual Report for New York Life and Health Insurance Company together with the filing fee of \$165.

As Mr. Meirowitz explained to you, this annual report was timely filed with the required \$165 fee in April, 1997. However, it appears that when this Annual Report form was originally filled out, Section 10 of the form¹ was inadvertently completed, indicating that there would be a change of registered agent (noting the "new" agent to be the Insurance Commissioner) when in actuality no such change was to take place, and the registered agent was to remain as is, namely the Insurance Commissioner. As a result of Section 10 having inadvertently been completed, the filing was returned to us² because the filing lacked the signature of the "new" registered agent.

Therefore, please accept the attached 1997 annual report for filing together with the \$165 fee enclosed, which, as explained above, are the same documents we initially filed in April, 1997.

Please provide a confirmation of this filing if at all possible. I am enclosing a pre-addressed, pre-stamped envelope for this purpose. My mailing address is:

New York Life and Health Insurance Company
One Liberty Plaza
Mail Drop 8-4
New York, N.Y. 10006

¹ "Name and Address of New Registered Agent"

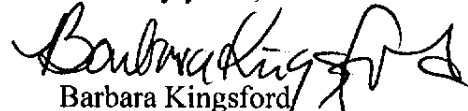
² Upon receipt of the returned filing, one of our paralegals spoke with Jane of the Florida Department of State who suggested that in order for the filing to be processed, the information previously included in Item 10 (listing the "new" registered agent) should be "whited out" and the original filing should be refiled with the \$165 fee. We did so but the filing was returned to us again.

(5)

Mr. Andy Dunlap
Florida Department of State
September 24, 1997
Page Two

Thank you very much for your assistance in connection with this matter. If you have any further questions, please contact Mr. Meirowitz directly at 212-437-1184.

Sincerely yours,


Barbara Kingsford
Deputy General Counsel