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**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 10 PM 2:07

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

DOCUMENT # P22448

1. Corporation Name

NYLIFE INSURANCE COMPANY OF ARIZONA

Principal Place of Business

 51 MADISON AVE
NEW YORK NY 10010

Mailing Address

 51 MADISON AVE
NEW YORK NY 10010

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

 TREASURER & INSURANCE COMMISSIONER
FLORIDA DEPARTMENT OF INSURANCE
200 EAST GAINES STREET
TALLAHASSEE FL 32399-6562

3. Date Incorporated or Qualified

12/30/1988

4. FEI Number

52-1530175

Applied For

Not Applicable

5. Certificate of Status Desired ☐
 \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐
 \$5.00 May Be
Added to Fees

 8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

1.1 TITLE ☐ DELETENAME **PCD**STREET ADDRESS **FREDERICK J SIEVERT**CITY-ST-ZIP **51 MADISON AVE****NEW YORK NY 10010**1.2 TITLE ☐ DELETENAME **VT**STREET ADDRESS **CALHOUN, JAY S. III**CITY-ST-ZIP **51 MADISON AVE.****NEW YORK NY**1.3 TITLE ☒ DELETENAME **S**STREET ADDRESS **MCGRATH, MAUREEN**CITY-ST-ZIP **51 MADISON AVENUE****NEW YORK NY**1.4 TITLE ☒ DELETENAME **V**STREET ADDRESS **SHEA, THOMAS P.**CITY-ST-ZIP **51 MADISON AVENUE****NEW YORK NY**1.5 TITLE ☐ DELETENAME **VD**STREET ADDRESS **GOLDFINGER, SOLOMON**CITY-ST-ZIP **51 MADISON AVENUE****NEW YORK NY**1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

Catherine Marrion

51 Madison Avenue

New York, NY 10010

VD

Michael Gallo

51 Madison Avenue

New York, NY 10010

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or is changed, or by an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (11/98)

2/3/99 (212) 576-5925