

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90222 019 \*\*\*150.00

UB/5183 AI

**DOCUMENT # P22448**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1530175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FREDERICK J SIEVERT 51 MADISON AVE NEW YORK NY 10010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CALHOUN, JAY S. III 51 MADISON AVE. NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLO, MICHAEL 51 MADISON AVENUE NEW YORK NY 10010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDFINGER, SOLOMON 51 MADISON AVENUE NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCCIO, FRANK 51 MADISON AVE NEW YORK NY 10010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED SHEET	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MEIROWITZ, MARK 51 MADISON AVENUE NEW YORK, NEW YORK 10010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK MEIROWITZ, SECRETARY**

Date

Daytime Phone #

CR2E034 (9/01)

# NYLIFE INSURANCE COMPANY OF ARIZONA

Attachment to the State of Florida  
2002 Uniform Business Report

## OFFICERS

# P22448/648881

Name	Title	Address
Frederick J. Sievert	Chairman and President	51 Madison Avenue New York, NY 10010
Phillip J. Hildebrand	Executive Vice President	51 Madison Avenue New York, NY 10010
Anne F. Pollack	Senior Vice President & Chief Investment Officer	51 Madison Avenue New York, NY 10010
Jay S. Calhoun	Senior Vice President and Treasurer	51 Madison Avenue New York, NY 10010
Patrick G. Colloton	Senior Vice President	11400 Tomahawk Creek Parkway, Suite 200 Leawood, KS 66211
Thomas F. English	Senior Vice President and Chief Counsel	51 Madison Avenue New York, NY 10010
Michael G. Gallo	Senior Vice President	51 Madison Avenue New York, NY 10010
Solomon Goldfinger	Senior Vice President	51 Madison Avenue New York, NY 10010
Frank M. Boccio	Senior Vice President	51 Madison Avenue New York, NY 10010
Gerald Kaplan	Senior Vice President and Tax Counsel	51 Madison Avenue New York, NY 10010
Richard D. Levy	Senior Vice President and Controller	51 Madison Avenue New York, NY 10010
Barbara McInerney	Senior Vice President in charge of Corporate Compliance	51 Madison Avenue New York, NY 10010
Frank J. Oliari	Senior Vice President	51 Madison Avenue New York, NY 10010
Howard L. Anderson	Vice President	51 Madison Avenue New York, NY 10010
John A. Cullen	Vice President and Assistant Controller	51 Madison Avenue New York, NY 10010
Henry A. Ciapas	Vice President and Actuary	51 Madison Avenue New York, NY 10010
Martin R. Claire	Vice President and Actuary	51 Madison Avenue New York, NY 10010
Stephen A. Bloom	Vice President and Chief Underwriter	51 Madison Avenue New York, NY 10010
Melvin J. Feinberg	Senior Vice President	51 Madison Avenue New York, NY 10010
Jane L. Hamrick	Vice President	51 Madison Avenue New York, NY 10010
John R. Iacovino	Vice President and Medical Director	51 Madison Avenue New York, NY 10010
Thomas P. Shea	Vice President	51 Madison Avenue New York, NY 10010
Michael M. Oleske	Vice President and Tax Counsel	51 Madison Avenue New York, NY 10010