

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803287

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: NEW YORK LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

51 MADISON AVENUE  
NEW YORK, NY 10010

**New Principal Place of Business:**

**Current Mailing Address:**

51 MADISON AVENUE  
NEW YORK, NY 10010

**New Mailing Address:**

51 MADISON AVENUE  
SUITE 1309  
NEW YORK, NY 10010

FEI Number: 13-5582869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIEVERT, FREDERICK J  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: CD ( ) Delete  
Name: STERNBERG, SEYMOUR  
Address: 51 MADISON AVE  
City-St-Zip: NEW YORK, NY 10010

Title: S ( ) Delete  
Name: THROPE, SUSAN A  
Address: 51 MADISON AVE  
City-St-Zip: NEW YORK, NY 10010

Title: VD (X) Delete  
Name: BENANAV, GARY G  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: D ( ) Delete  
Name: ALEWINE, BETTY C  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: D ( ) Delete  
Name: BAYLIS, ROBERT M  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MEIROWITZ

AS

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date