2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803287

Entity Name: NEW YORK LIFE INSURANCE COMPANY

Current Principal Place of Business:

51 MADISON AVENUE NEW YORK, NY 10010

Current Mailing Address:

51 MADISON AVENUE SUITE 1309

NEW YORK, NY 10010

FEI Number: 13-5582869 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 US

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

FILED May 13, 2016

Secretary of State

CC2441455485

Officer/Director Detail:

Title CHAIRMAN AND PRESIDENT, CEO

Name MATHAS, THEODORE A

Address 51 MADISON AVENUE

City-State-Zip: NEW YORK NY 10010

Title SVP. SECRETARY

Name THROPE, SUSAN A

Address 51 MADISON AVE

City-State-Zip: NEW YORK NY 10010

Title EVP, CFO

Name FLEURANT, JOHN T

Address 51 MADISON AVENUE

City-State-Zip: NEW YORK NY 10010

Title PRESIDENT AND CHIEF INVESTMENT

OFFICER

Name KIM, JOHN Y

Address 51 MADISON AVE

City-State-Zip: NEW YORK NY 10010

Title EVP, CHIEF LEGAL OFFICER,

GENERAL COUNSEL

Name DAVIDSON, SHEILA K

Address 51 MADISON AVE

City-State-Zip: NEW YORK NY 10010

Title SVP, TREASURER

Name HENDRY, THOMAS A

Address 51 MADISON AVENUE

City-State-Zip: NEW YORK NY 10010

Title DIRECTOR

Name FEIDLER, MARK L

Address 51 MADISON AVENUE

City-State-Zip: NEW YORK NY 10010

I hereby 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 all other like empowered.

SIGNATURE: THEODORE MATHAS

CHAIRMAN AND PRESIDENT, CEO

05/13/2016