

2013 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

FILED
Mar 25, 2013
Secretary of State
CC9044636404

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
P O BOX 6200 (32314-6200)
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

Officer/Director Detail :

Title CCEO
Name MATHAS, THEODORE A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title V
Name DAVIDSON, SHEILA K
Address 51 MADISON AVE
City-State-Zip: NEW YORK NY 10010

Title S V
Name THROPE, SUSAN A
Address 51 MADISON AVE
City-State-Zip: NEW YORK NY 10010

Title V T
Name HENDRY, THOMAS A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title CFOV
Name SPROULE, MICHAEL E
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title D
Name SCHIEVELBEIN, THOMAS C
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: MICHAEL SPROULE

CFO

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date