

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803287

FILED
Jun 30, 2017
Secretary of State
CC5345923506

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

Officer/Director Detail :

Title CHAIRMAN & CEO
Name MATHAS, THEODORE A
Address 51 MADISON AVENUE
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, DEPUTY GC & SECRETARY
Name MILLER, AMY
Address 51 MADISON AVENUE
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 EVP, CFO
Name FLEURANT, JOHN T
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

Title PRESIDENT
Name KIM, JOHN Y
Address 51 MADISON AVE
City-State-Zip: NEW YORK NY 10010

Title SVP & CHIEF INVESTMENT OFFICER
Name MALLOY, ANTHONY
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

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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: COLLEEN A. MEADE

**ASSOCIATE GENERAL
COUNSEL**

06/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSOCIATE GENERAL COUNSEL
Name MEADE, COLLEEN A.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010