

1.) CORPORATION NAME:

NEW YORK LIFE INSURANCE COMPANY

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0000846**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 51 MADISON AVE

CITY/ST/ZIP: NEW YORK, NY 10010

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THEODORE A MATHAS TITLE: P/CEO/CHAIRMAN ADDRESS: C/O NY LIFE INSURANCE CO 51 MADISON AVE CITY/ST/ZIP/CO: NY, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN Y KIM TITLE: P/EVP/CIO ADDRESS: C/O NEW YORK LIFE INS CO 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN A THROPE TITLE: SVP/DEP GC/S ADDRESS: C/O NEW YORK LIFE INS CO 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICIA L BARBARI TITLE: SVP/GEN AUDITOR ADDRESS: C/O NEW YORK LIFE INS CO 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN T FLEURANT TITLE: EVP/CFO ADDRESS: C/O NEW YORK LIFE INS CO 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A HENDRY SVP/TREASURER C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER O BLUNT P/EVP C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK M BOCCIO EVP/CAO C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHEILA K DAVIDSON EVP/CLO/GC C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK W PFAFF EVP/Head Agency C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE NICHOLS III SVP Gov Affairs C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY A SCHUB SVP C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL M STEINBERG SVP/CRO/CA C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY C ALEWINE DIRECTOR C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH de la VEGA DIRECTOR C/O NY LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MARK L FEIDLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
NAME:	KENT B FOSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
NAME:	CHRISTINA A GOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
NAME:	S THOMAS MOSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
NAME:	JOSEPH W PRUEHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
NAME:	THOMAS C SCHIEVELBEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
NAME:	GERALD B SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
NAME:	WILLIAM G WALTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O NY LIFE INSURANCE CO		
CITY/ST/ZIP/CO:	51 MADISON AVE NEW YORK, NY 10010		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN T FLEURANT	JOHN T FLEURANT, EVP/CFO	8/20/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			