

1.) CORPORATION NAME:

**New York Life Insurance and Annuity Corporation**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0386146**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

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:	ANNA L BIDWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	51 MADISON AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

NAME:	JOHN T FLEURANT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	51 MADISON AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

NAME:	CHRISTOPHER O BLUNT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	D/EVP		
ADDRESS:	51 MADISON AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

NAME:	SOLOMON GOLDFINGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	51 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

NAME:	MICHAEL E SPROULE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	51 MADISON AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

NAME:	THEODORE A MATHAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	51 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN A THROPE DIRECTOR 51 MADISON AVENUE NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK W PFAFF D/EVP 51 MADISON AVENUE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER ASHE D/SVP 51 MADISON AVENUE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL S STEINBERG D/SVP 51 MADISON AVENUE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK O BOCCIO D/EVP 51 MADISON AVENUE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P FISHER D/SVP 51 MADISON AVENUE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR H SETER D/SVP 51 MADISON AVENUE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN D LASH D/SVP 51 MADISON AVENUE NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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/ ANNA L BIDWELL	ANNA L BIDWELL, SECRETARY	5/21/2012
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.