

1.) CORPORATION NAME:

**New York Life Insurance and Annuity Corporation**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0386146**

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:

**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: THEODORE A MATHAS TITLE: C/PRESIDENT ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN T FLEURANT TITLE: D/SVP-CFO ADDRESS: 51 MADISON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER ASHE TITLE: D/SVP ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER O BLUNT TITLE: D/EVP ADDRESS: 51 MADISON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK O BOCCIO TITLE: D/EVP ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS A. HENDRY TITLE: SVP/TREASURER ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ROBERT M. GARDNER TITLE: D/VP ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN D LASH TITLE: D/SVP ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DREW E. LAWTON TITLE: D/SVP ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR H SETER TITLE: D/SVP ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL E SPROULE TITLE: D/EVP ADDRESS: 51 MADISON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOEL S STEINBERG TITLE: D/SVP ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNA L BIDWELL TITLE: SECRETARY ADDRESS: 51 MADISON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN A THROPE TITLE: DIRECTOR ADDRESS: 51 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input 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	5/20/2013
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.