

No. W 52939		Due no later than Jul 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NYLIFE SECURITIES LLC CATHERINE A MARRION 51 MADISON AVE NEW YORK NY 10010		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	NYLIFE LLC	51 MADISON AVE	NEW YORK	NY	USA	10010	
MEMBER	NEW YORK LIFE INSURANCE CO	51 MADISON AVE	NEW YORK	NY	USA	10010	
5. Organized Under the Laws of: DE W 52939		6. Annual Report must be signed.* Signature: Nylife Llc Name (type or print): Nylife Llc Date: 07/18/2007 Title: Member					
Processed 07/18/2007		* Electronically provided signatures are accepted as original signatures.					