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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **801594** **(3)**

1. Corporation Name
RELIASTAR BANKERS SECURITY LIFE INSURANCE COMPAN Y

Principal Place of Business	Mailing Address
4601 FAIRFAX DRIVE P.O. BOX 3700 ARLINGTON VA 22203	4601 FAIRFAX DRIVE P.O. BOX 3700 ARLINGTON VA 22203-0700

3. Date Incorporated or Qualified: 04/01/1922
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business
21 1000 WOODBURY ROAD
Suite, Apt. #, etc.
22 102
City & State
23 WOODBURY NY
Zip 24 11797 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 53-0242530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCP	☒ DELETE	1.1 TITLE	VICE CHRMN/D/CEO/P	☒ Change ☐ Addition
NAME	ROE, DAVID H.		1.2 NAME	JOHN H. FLITTIE	
STREET ADDRESS	6105 STILLWATER WAY		1.3 STREET ADDRESS	RELIASTAR FINANCIAL CORP 20 WASH AVE S	
CITY-ST-ZIP	MCLEAN VA		1.4 CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VTC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRUNK, REBECCA B.		2.2 NAME		
STREET ADDRESS	13071 GREY FRIARS PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HERNDON VA		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PODLESNEY, FRANCIS A.		3.2 NAME		
STREET ADDRESS	3110 SHREWSBURY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVA MD		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	MOON, THOMAS Y.		4.2 NAME	JAMES G. COCHRAN	
STREET ADDRESS	806 CROOKED CROW LANE		4.3 STREET ADDRESS	4601 FAIRFAX DRIVE	
CITY-ST-ZIP	GREAT FALLS VA		4.4 CITY-ST-ZIP	ARLINGTON VA	
TITLE	V	☒ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	WOZNY, CHRISTIAN J.		5.2 NAME	STELLA V. PETERS	
STREET ADDRESS	1055 5TH AVE		5.3 STREET ADDRESS	4601 FAIRFAX DRIVE	
CITY-ST-ZIP	EAST NORTHPORT NY		5.4 CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WITTICH, JAMES V.		6.2 NAME		
STREET ADDRESS	RELIASTAR, 20 WASHINGTON AVE, S		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis G. Podlesney FRANCIS A. PODLESNEY ASST VP/COUNSEL & ASST SEC. 3/24/97 703-875-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #