

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90088 018 ***150.00

DOCUMENT # 801594

1. Corporation Name

RELIASTAR LIFE INSURANCE COMANY OF NEW YORK

Principal Place of Business

1000 WOODBURY ROAD
#102
WOODBURY NY 11797
US

Mailing Address

4601 FAIRFAX DRIVE
P.O. BOX 3700
ARLINGTON VA 22203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1922

4. FEI Number

53-0242530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

21

28

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME VCCP
STREET ADDRESS JOHN H. FLITTIE
CITY-ST-ZIP RELIASTAR FINANCIAL CORP 20 WASH AVE S
MINNEAPOLIS MN

1.1 TITLE President and CEO ☐ Change ☒ Addition
1.2 NAME Robert C. Salipante
1.3 STREET ADDRESS 20 Washington Ave S.
1.4 CITY-ST-ZIP Minneapolis, MN 55401

TITLE ☐ DELETE
NAME T SCHREIER, CHRIS D
STREET ADDRESS 20 WASHINGTON AVE. SO., RELIASTAR FINANCE.
CITY-ST-ZIP MINNEAPOLIS MN 55401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S BERGEN, SUSAN M
STREET ADDRESS 20 WASHINGTON AVE. SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55401

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V JAMES G. COCHRAN
STREET ADDRESS 4601 FAIRFAX DRIVE
CITY-ST-ZIP ARLINGTON VA

4.1 TITLE EVP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME V STELLA V. PETERS
STREET ADDRESS 4601 FAIRFAX DRIVE
CITY-ST-ZIP ARLINGTON VA

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME Lorelee A. Renelt
5.3 STREET ADDRESS 20 Washington Ave S.
5.4 CITY-ST-ZIP Minneapolis, MN 55401

TITLE ☐ DELETE
NAME V WITTICH, JAMES V.
STREET ADDRESS RELIASTAR, 20 WASHINGTON AVE, S
CITY-ST-ZIP MINNEAPOLIS MN

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99
Date

612-342-3574
Daytime Phone #

CR2E034 (11/98)