

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801594

FILED
Apr 18, 2008
Secretary of State

Entity Name: RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

1000 WOODBURY ROAD
#208
WOODBURY, NY 11797 US

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE S.
ROUTE 1261
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 53-0242530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BRITTON, DONALD W
Address: 5780 POWERS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30327

Title: VPT () Delete
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY RD NW
City-St-Zip: ATLANTA, GA 30327

Title: S () Delete
Name: BENNER, JOY M
Address: 20 WASHINGTON AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: EVCO () Delete
Name: BONNEVILLE, WILLIAM D
Address: 1000 WOODBURY RD STE 102
City-St-Zip: WOODBURY, NY 11797

Title: AS () Delete
Name: CAVENDER, DIANA
Address: 20 WASHINGTON AVE. SO.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: DEVP () Delete
Name: GELDER, JAMES
Address: 20 WASHINGTON AVENUE S
City-St-Zip: MINNEAPOLIS, MN 55401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: BONNEVILLE, WILLIAM D
Address: 1000 WOODBURY RD STE 102
City-St-Zip: WOODBURY, NY 11797

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. CHRISTINE FOSTER

AS

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date