

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801594

FILED  
Apr 22, 2009  
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:

20 WASHINGTON AVE S.  
ROUTE 1226  
MINNEAPOLIS, MN 55401

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: EVP ( ) 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: SVPT (X) Change ( ) Addition  
Name: PENDERGRASS, DAVID S  
Address: 5780 POWERS FERRY RD NW  
City-St-Zip: ATLANTA, GA 30327

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

Title: D (X) Change ( ) Addition  
Name: LAU, RICHARD K  
Address: 100 DEERFIELD LANE, SUITE 300  
City-St-Zip: MALVERN, PA 19355

Title: AS (X) Change ( ) Addition  
Name: NELSON, TINA M  
Address: 20 WASHINGTON AVENUE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D (X) Change ( ) Addition  
Name: MULHERAN, SR., DANIEL P  
Address: 20 WASHINGTON AVENUE S  
City-St-Zip: MINNEAPOLIS, MN 55401

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: TINA M. NELSON

AS

04/22/2009

Electronic Signature of Signing Officer or Director

Date