2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90285 029 ***150.00

DOCUMENT # 808505

1. Entity Name
RELIASTAR LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
20 WASHINGTON AVE.. S. MINNEAPOLIS MN 55401	20 WASHINGTON AVE.. S. MINNEAPOLIS MN 55401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-0451140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
City: Plantation **FL** Zip Code: 33324

8. 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 Lauren Kheo, Asst. Secretary 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO SALIPANTE, ROBERT 20 WASHINGTON AVENUE, SOUTH MINNEAPOLIS MN 55401	☒ Delete	S Paula Cludray-Engelke 20 Washington Avenue South ~~Minneapolis, MN 55401~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO TURNER, JOHN G 20 WASHINGTON AVE., S. MINNEAPOLIS MN 55401	☒ Delete	P Chris D. Schreier 5780 Powers Ferry Road, NW, ~~Atlanta~~, GA 30327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD HUNEKE, WAYNE R. 20 WASHINGTON AVE S. MINNEAPOLIS MN 55401	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SLUDRAY-ENGELKE, PAULA 20 WASHINGTON AVE S. MINNEAPOLIS MN 55401	☐ Delete	D Mark A. Tullis 5780 Powers Ferry Road NW. Atlanta, GA 30327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP KUK, KENNETH 20 WASHINGTON AVE., S. MINNEAPOLIS MN 55401	☒ Delete	D P. Randall Lowery 5780 Powers Ferry Road NW Atlanta, GA 30327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Cludray-Engelke 4/25/02 612-372-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #