

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 027 ***150.00

DOCUMENT # 808505 1. Entity Name RELIASTAR LIFE INSURANCE COMPANY					
Principal Place of Business 20 WASHINGTON AVE., S. MINNEAPOLIS, MN 55401			Mailing Address 20 WASHINGTON AVE., S. MINNEAPOLIS, MN 55401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLUDRAY-ENGELKE, PAULA 20 WASHINGTON AVENUE, SOUTH MINNEAPOLIS, MN 55401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUBBAY, KEITH 5780 POWERS FERRY ROAD NW ATLANTA, GA 30327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINERNEY, THOMAS J 5780 POWERS FERRY RD NW ATLANTA, GA 30327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOFF, REBECCA A 20 WASHINGTON AVE S. MINNEAPOLIS, MN 55401	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Steffey, Edwina P.J. 20 Washington Avenue South Minneapolis; MN 55401 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLIS, MARK A 5780 POWERS FERRY ROAD NW ATLANTA, GA 30327	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO and Director Wheat, David A. 5780 Powers Ferry Road NW Atlanta, GA 30327 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, P. RANDALL 5780 POWERS FERRY ROAD NW ATLANTA, GA 30327	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pendergrass, David S. 5780 Powers Ferry Road NW Atlanta, GA 30327 ☐ Change ☒ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		Paula Cludray-Engelke		4/22/04 (612) 342-3968	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	