

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808505

FILED
Apr 24, 2007
Secretary of State

Entity Name: RELIASTAR LIFE INSURANCE COMPANY

Current Principal Place of Business:

20 WASHINGTON AVE., S.
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE., S.
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 41-0451140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: S () Delete
Name: BENNER, JOY M
Address: 20 WASHINGTON AVENUE, SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

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

Title: D () Delete
Name: MCINERNEY, THOMAS J
Address: 5780 POWERS FERRY RD NW
City-St-Zip: ATLANTA, GA 30327

Title: AS () Delete
Name: STEFFER, EDWINA PJ
Address: 20 WASHINGTON AVE S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: CFOD () Delete
Name: WHEAT, DAVID A
Address: 5780 POWERS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30327

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

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: AS (X) Change () Addition
Name: FOSTER, M. CHRISTINE
Address: 20 WASHINGTON AVE S.
City-St-Zip: MINNEAPOLIS, MN 55401

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 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

A.S.

04/24/2007

Electronic Signature of Signing Officer or Director

Date