

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808505

FILED
Apr 23, 2010
Secretary of State

Entity Name: RELIASTAR LIFE INSURANCE COMPANY

Current Principal Place of Business:

20 WASHINGTON AVENUE SOUTH
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE SOUTH
ROUTE 1226
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
Name: BENNER, JOY M
Address: 20 WASHINGTON AVENUE, SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

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

Title: D
Name: MCINERNEY, THOMAS J
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: AS
Name: NELSON, TINA M
Address: 20 WASHINGTON AVE S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: CFOD
Name: STEENBERGEN, EWOUT
Address: 230 PARK AVENUE
City-St-Zip: NEW YORK, NY 10169

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

I hereby 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 all other like empowered.

SIGNATURE: TINA M. NELSON

AS

04/23/2010

Electronic Signature of Signing Officer or Director

Date