

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801594

Entity Name: RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK**Current Principal Place of Business:**1000 WOODBURY ROAD
#208
WOODBURY, NY 11797**Current Mailing Address:**5780 POWERS FERRY ROAD NW
ATLANTA, GA 30327 US**FEI Number:** 53-0242530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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

Officer/Director Detail :

Title ASST. SECRETARY
Name SCHULTZ, TINA
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title PRESIDENT, CEO, DIRECTOR,
CHAIRMAN
Name SMITH, MICHAEL S.
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR
Name WEALE, ROSS M.
Address 1000 WOODBURY ROAD
SUITE 208
City-State-Zip: WOODBURY NY 11797

Title DIRECTOR
Name CONLEY, R. MICHAEL
Address 1000 WOODBURY ROAD
SUITE 208
City-State-Zip: WOODBURY NY 11797

Title SENIOR VICE PRESIDENT, CHIEF
ACCOUNTING OFFICER, DIRECTOR
Name COBB, CLYDE LANDON JR.
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR
Name GELDER, JAMES R.
Address 1000 WOODBURY ROAD
SUITE 208
City-State-Zip: WOODBURY NY 11797

Title DIRECTOR
Name COLEMAN, CAROL V.
Address 144 E. 44TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name LILLE, JAMES F.
Address 1000 WOODBURY ROAD
SUITE 208
City-State-Zip: WOODBURY NY 11797

Continues on page 2

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 SCHULTZ**ASSISTANT SECRETARY 04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name UPDIKE, CHARLES B.
Address 551 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10176

Title DIRECTOR, SENIOR VICE PRESIDENT
Name GRUBKA, ROBERT L.
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title SENIOR VICE PRESIDENT
Name TOMS, MATTHEW
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER
Name PORT, LARRY N.
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR
Name DONALDSON, PETER J.
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title SENIOR VICE PRESIDENT, ASST. SECRETARY
Name REID, RACHEL M.
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title SECRETARY
Name O'DONNELL, MELISSA
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title DIRECTOR
Name PAGANO, MICHAEL J.
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title TREASURER, SENIOR VICE PRESIDENT AND CHIEF TAX OFFICER
Name BERTUCCI, CARLO
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title SENIOR VICE PRESIDENT, DIRECTOR, CRO
Name O'NEILL, FRANCIS G.
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title DIRECTOR, VP, APPOINTED ACTUARY
Name PUFFER, KYLE A.
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095