

**2022 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

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*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** 02/17/2022

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

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

Title SVP, TREASURER  
Name KATZ, MICHAEL  
Address 230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169