2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801594

FILED Mar 29, 2012 Secretary of State

Entity Name: RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business: New Principal Place of Business:

1000 WOODBURY ROAD

#208

WOODBURY, NY 11797 US

Current Mailing Address: New Mailing Address:

20 WASHINGTON AVE S. ROUTE 1226 MINNEAPOLIS, MN 55401

FEI Number: 53-0242530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New 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

OFFICERS AND DIRECTORS:

Title: P/D

Name: BRITTON, DONALD W

Address: 20 WASHINGTON AVENUE SOUTH City-St-Zip: MINNEAPOLIS, MN 55401

Title: TSVP

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

Title: S

Name: HUDDLESTON, MEGAN Address: ONE ORANGE WAY City-St-Zip: WINDSOR, CT 06095

Title:

Name: LAU, RICHARD K

Address: 100 DEERFIELD LANE, SUITE 300

City-St-Zip: MALVERN, PA 19355

Title: AS

Name: NELSON, TINA M

Address: 20 WASHINGTON AVENUE SOUTH

City-St-Zip: MINNEAPOLIS, MN 55401

Title:

Name: MULHERAN, DANIEL P SR.
Address: 20 WASHINGTON AVENUE S
City-St-Zip: MINNEAPOLIS, MN 55401

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 NELSON AS 03/29/2012