

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 16 AM 10:59

DOCUMENT # P07124 (1)
1. Corporation Name
FIRST ING LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business Mailing Address
225 BROADWAY STE 1801 NY NY 10007 US **1290 BROADWAY DENVER CO 80203 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/16/1985** 3a. Date of Last Report **04/19/1994**

4. FEI Number **13-2740556** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUDLAM, JAMES
STREET ADDRESS	1290 BROADWAY
CITY-ST-ZIP	DENVER CO
TITLE	SD
NAME	COPELAND, EUGENE
STREET ADDRESS	1290 BROADWAY
CITY-ST-ZIP	DENVER CO
TITLE	VD
NAME	LUTTER, WILLIAM
STREET ADDRESS	1290 BROADWAY
CITY-ST-ZIP	DENVER CO
TITLE	T
NAME	ADAMSON, REGGIE
STREET ADDRESS	1290 BROADWAY
CITY-ST-ZIP	DENVER CO
TITLE	VP
NAME	GLOVER, KEITH
STREET ADDRESS	1290 BROADWAY
CITY-ST-ZIP	DENVER CO
TITLE	VP
NAME	CONROY, THOMAS
STREET ADDRESS	1290 BROADWAY
CITY-ST-ZIP	DENVER CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOB ST. JACQUES	
1.3 STREET ADDRESS	1290 BROADWAY	
1.4 CITY-ST-ZIP	DENVER, COLORADO 80203	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAN C. GASTON	
4.3 STREET ADDRESS	1290 BROADWAY	
4.4 CITY-ST-ZIP	DENVER, COLORADO 80203	
5.1 TITLE	SENIOR V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GREG BOYKO	
5.3 STREET ADDRESS	1290 BROADWAY	
5.4 CITY-ST-ZIP	DENVER, COLORADO 80203	
6.1 TITLE	PRESIDENT LIFE REINSURANCE/ INSTITUTIONAL MKTS/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

2/27/95

Date

(303) 860-1290

(Anytime After 5)

OFFICERS FOR FIRST ING LIFE INSURANCE COMPANY OF NY

	NAME	
PRESIDENT	BOB ST. JACQUES	1290 BROADWAY DENVER, CO 80203
SECRETARY	EUGENE COPELAND	1290 BROADWAY DENVER, CO 80203
TREASURER	JAN GASTON	1290 BROADWAY DENVER, CO 80203
ACTUARY	JOHN KERPER	1290 BROADWAY DENVER, CO 80203
PRESIDENT LIFE REINSURANCE & INSTITUTIONAL MARKETS	TOM CONROY	1290 BROADWAY DENVER, CO 80203
SENIOR VICE-PRESIDENT	GREG BOYKO	1290 BROADWAY DENVER, CO 80203
SENIOR VICE-PRESIDENT	JESS SKRILETZ	1290 BROADWAY DENVER, CO 80203
SENIOR VICE-PRESIDENT/CHIEF INVST OFFICER	JEFF SEEL	1290 BROADWAY DENVER, CO 80203
VICE-PRESIDENT	WILLIAM LUTTER	1290 BROADWAY DENVER, CO 80203
VICE-PRESIDENT	STEPHAN LARGENT	1290 BROADWAY DENVER, CO 80203

BOARD OF DIRECTORS FOR FIRST ING LIFE INSURANCE COMPANY OF NY

	NAME	ADDRESS
CHAIRMAN OF THE BOARD	BOB ST. JACQUES	1290 BROADWAY DENVER, CO 80203
DIRECTOR	R. GLENN HILLIARD	1290 BROADWAY DENVER, CO 80203
DIRECTOR	THOMAS CONROY	1290 BROADWAY DENVER, CO 80203
DIRECTOR	STEPHEN WEST	1290 BROADWAY DENVER, CO 80203
DIRECTOR	WAYNE BIDELMAN	1290 BROADWAY DENVER, CO 80203
DIRECTOR	FRED DEERING	1290 BROADWAY DENVER, CO 80203
DIRECTOR	KEVIN AHERN	1290 BROADWAY DENVER, CO 80203
DIRECTOR	WEAVER GAINES	1290 BROADWAY DENVER, CO 80203
DIRECTOR	WILLIAM LUTTER	1290 BROADWAY DENVER, CO 80203
DIRECTOR	EVELYN BENTZ	1290 BROADWAY DENVER, CO 80203
DIRECTOR	EUGENE COPELAND	1290 BROADWAY DENVER, CO 80203
DIRECTOR	KEITH GLOVER	1290 BROADWAY DENVER, CO 80203
DIRECTOR	ROGER ROENFELDT	1290 BROADWAY DENVER, CO 80203