

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P07124** (1)

1. Corporation Name

**FIRST ING LIFE INSURANCE COMPANY OF NEW YORK**



Principal Place of Business

225 BROADWAY  
STE 1901  
NY NY 10007  
US

Mailing Address

1290 BROADWAY  
DENVER CO 80203  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent (to be signed and dated by the agent)

Signature of Authorized Representative (to be signed and dated by the representative)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JACQUES, BOB S	
STREET ADDRESS	1290 BROADWAY	
CITY-STATE-ZIP	DENVER CO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COPELAND, EUGENE	
STREET ADDRESS	1290 BROADWAY	
CITY-STATE-ZIP	DENVER CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUTTER, WILLIAM	
STREET ADDRESS	1290 BROADWAY	
CITY-STATE-ZIP	DENVER CO	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GASTON, JAN C	
STREET ADDRESS	1290 BROADWAY	
CITY-STATE-ZIP	DENVER CO	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	BOYKO, GREG	
STREET ADDRESS	1290 BROADWAY	
CITY-STATE-ZIP	DENVER CO	
TITLE	PMD	<input type="checkbox"/> DELETE
NAME	CONROY, THOMAS	
STREET ADDRESS	1290 BROADWAY	
CITY-STATE-ZIP	DENVER CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	T Lyndon E. Oliver
43 STREET ADDRESS	5780 Powers Ferry Road
44 CITY-STATE-ZIP	Atlanta GA 30327-4390
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	P/D Stephen M. Christopher
53 STREET ADDRESS	1290 Broadway
54 CITY-STATE-ZIP	Denver CO 80203
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 (303) 860-1290

CR2E034 (12/95)