


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 115 Broadway Suite, Apt. #, etc. 22 17th Floor City & State 23 New York, New York Zip 24 10006	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA

3. Date Incorporated or Qualified 08/16/1985	4. FEI Number 13-2740556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	JACQUES, BOB S 1290 BROADWAY DENVER CO	<input checked="" type="checkbox"/> DELETE	
TITLE SD	COPELAND, EUGENE 1290 BROADWAY DENVER CO	<input checked="" type="checkbox"/> DELETE	
TITLE VD	LUTTER, WILLIAM 1290 BROADWAY DENVER CO	<input type="checkbox"/> DELETE	
TITLE T	YARINA, STEPHEN J 1290 BROADWAY DENVER CO	<input type="checkbox"/> DELETE	
TITLE PD	CHRISTOPHER, STEPHEN M. 1290 BROADWAY DENVER CO	<input type="checkbox"/> DELETE	
TITLE PMD	CONROY, THOMAS 1290 BROADWAY DENVER CO	<input type="checkbox"/> DELETE	

1.1 TITLE VD	Cunningham, Michael W. 1290 Broadway Denver, Colorado 80203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE SD	Barmeyer, John R. 1290 Broadway Denver, Colorado 80203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Amy Winsor* **Amy Winsor, Finance & Tax Officer**

CR2E034 (10/97)