

1.) CORPORATION NAME:

ReliaStar Life Insurance Company

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0021644**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20 WASHINGTON AVE SOUTH

CITY/ST/ZIP: MINNEAPOLIS, MN 55401

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DONALD W BRITTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	20 WASHINGTON AVE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		
NAME:	DAVID S. PENDERGRASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/TREAS		
ADDRESS:	5780 POWERS FERRY RD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	EWOUT STEENBERGEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	230 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10169		
NAME:	MEGAN HUDDLESTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, Secretary		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		
NAME:	MARY BEAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		
NAME:	Alain Karaoglan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	230 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10169		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rodney O. Martin, Jr. DIRECTOR 230 Park Avenue New York, NY 10169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael S. Smith EVP 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ralph Ferraro SVP One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christine L. Hurtsellers SVP 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Kaye SVP One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard T. Mason SVP One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gilbert E. Mathis SVP 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daniel P. Mulheran, Sr. SVP 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas A. Lutter SVP, CFO 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Diane M. McCarthy SVP 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven T. Pierson SVP, CAO 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Patrick D. Lusk TITLE: SVP, AA ADDRESS: 1475 Dunwoody Drive CITY/ST/ZIP/CO: West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Boyd G. Combs TITLE: SVP ADDRESS: 5780 Powers Ferry Road NW CITY/ST/ZIP/CO: Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Tina Nelson TITLE: ASST SECRETARY ADDRESS: 20 Washington Avenue South CITY/ST/ZIP/CO: Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Melissa ODonnell TITLE: ASST SECRETARY ADDRESS: 20 Washington Avenue South CITY/ST/ZIP/CO: Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Tina Nelson	Tina Nelson, ASST SECRETARY	4/29/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		