

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

ReliaStar Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0021644**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000,000
PREFER	5,000,000

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.

<p>NAME: DAVID S. PENDERGRASS TITLE: SR VP/TREAS ADDRESS: 5780 POWERS FERRY RD NW CITY/ST/ZIP/CO: ATLANTA, GA 30327</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL S. SMITH TITLE: PRESIDENT ADDRESS: 1475 DUNWOODY DRIVE CITY/ST/ZIP/CO: WEST CHESTER, PA 19380</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EWOUT STEENBERGEN TITLE: EVP ADDRESS: 230 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10169</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BOYD G. COMBS TITLE: SVP, Tax ADDRESS: 5780 POWERS FERRY ROAD NW CITY/ST/ZIP/CO: ATLANTA, GA 30327</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RALPH FERRARO TITLE: SVP ADDRESS: ONE ORANGE WAY CITY/ST/ZIP/CO: WINDSOR, CT 06095</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MEGAN HUDDLESTON TITLE: SVP, SECRETARY ADDRESS: ONE ORANGE WAY CITY/ST/ZIP/CO: WINDSOR, CT 06095</p>	<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:	PATRICK D. LUSK SVP, AA 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, CFO 1475 DUNWOODY DRIVE WEST CHESTER, PA 19380	<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:	TINA NELSON ASST SECRETARY 20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA O'DONNELL ASST SECRETARY 20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY BEAMS DIRECTOR ONE ORANGE WAY WINDSOR, CT 06095	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAIN KARAOGLAN DIRECTOR 230 PARK AVENUE NEW YORK, NY 10169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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:	Chetlur S. Ragavan EVP 230 Park Avenue New York, NY 10169	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Heather H. Lavallee SVP 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David P. Wilken SVP 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael J. Gioffre SVP One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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	4/30/2014
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.