

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213532514

1.) CORPORATION NAME:

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0025207**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,377,863

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 WOODBURY RD
SUITE 208

CITY/ST/ZIP: WOODBURY, NY 11797

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:	P/CEO		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		

NAME:	TINA NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		

NAME:	MELISSA O'DONNELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		

NAME:	MEGAN A HUDDLESTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	One Orange Way		
CITY/ST/ZIP/CO:	Windsor, CT 06095		

NAME:	R MICHAEL CONLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 Woodbury Rd Suite 208		
CITY/ST/ZIP/CO:	Woodbury, NY 11797		

NAME:	David S. Pendergrass	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/Treasurer		
ADDRESS:	5780 Powers Ferry Road NW		
CITY/ST/ZIP/CO:	Atlanta, GA 30327		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol V. Coleman DIRECTOR 144 E. 44th Street New York, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James R. Gelder DIRECTOR 1000 Woodbury Rd Suite 208 Woodbury, NY 11797	<input 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 checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James F. Lille DIRECTOR 1000 Woodbury Rd Suite 208 Woodbury, NY 10169	<input type="checkbox"/> OFFICER	<input checked="" 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 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:	Ewout Steenberg 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:	Charles B. Updike DIRECTOR 1000 Woodbury Rd Suite 208 Woodbury, NY 11797	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ross M. Weale DIRECTOR 1000 Woodbury Rd Suite 208 Woodbury, NY 11797	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David P. Wilken DIRECTOR 20 Washington Avenue South Minneapolis, MN 55401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Bridget M. Healy TITLE: EVP/CLO ADDRESS: 230 Park Avenue CITY/ST/ZIP/CO: New York, NY 10169	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Ralph R. Ferraro TITLE: SVP ADDRESS: One Orange Way CITY/ST/ZIP/CO: Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Patrick D. Lusk TITLE: SVP/App Actuary ADDRESS: 1475 Dunwoody Drive CITY/ST/ZIP/CO: West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Diane M. McCarthy TITLE: SVP ADDRESS: 1475 Dunwoody Drive CITY/ST/ZIP/CO: West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Thomas A. Lutter TITLE: SVP/CFO ADDRESS: 1475 Dunwoody Drive CITY/ST/ZIP/CO: West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Steven T. Pierson TITLE: SVP/CAO ADDRESS: 5780 Powers Ferry Road NW CITY/ST/ZIP/CO: Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Boyd G. Combs TITLE: SVP, Tax ADDRESS: 5780 Powers Ferry Road NW CITY/ST/ZIP/CO: Atlanta, GA 30327	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TINA NELSON, ASST SEC PRINTED NAME AND CORPORATE TITLE	7/12/2013 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.		