

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

FILED

**Feb 06 1997 8:00am
Secretary of State**



**PROFIT CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # 808591 (2)
1. Corporation Name
RELIANCE STANDARD LIFE INSURANCE COMPANY



Principal Place of Business 2501 PARKWAY PHILADELPHIA PA 19130	Mailing Address 2501 PARKWAY PHILADELPHIA PA 19130
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/08/1951	3a. Date of Last Report 01/30/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 36-0883760	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32304	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 FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNLAP, JANE R		1.2 NAME	
STREET ADDRESS 2501 PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP PHILADELPHIA PA		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSENKRANZ, ROBERT		2.2 NAME	
STREET ADDRESS 650 MADISON AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		2.4 CITY-ST-ZIP	
TITLE AVS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COULTER, CHAD W		3.2 NAME	
STREET ADDRESS 2501 PARKWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP PHILADELPHIA PA		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'BRIEN, CHARLES P		4.2 NAME	
STREET ADDRESS 2501 PARKWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP PHILADELPHIA PA		4.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAURELLE, LAWRENCE E		5.2 NAME	
STREET ADDRESS 2501 PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP PHILADELPHIA PA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 by an attachment with an address.

SIGNATURE: _____ **REQUIRED** _____
Date: **1/24/97** (215) 787-4000
Daytime Phone #

CR2E034 (9/96)