

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 009 ***150.00

DOCUMENT # 808591

1. Entity Name
RELIANCE STANDARD LIFE INSURANCE COMPANY

Principal Place of Business 2501 PARKWAY PHILADELPHIA PA 19130	Mailing Address 2501 PARKWAY PHILADELPHIA PA 19130-2439
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 36-0883760	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME ROSENKRANZ, ROBERT	
STREET ADDRESS 650 MADISON AVENUE	
CITY-ST-ZIP NEW YORK NY	
TITLE S	<input type="checkbox"/> Delete
NAME DENARO, CHARLES T	
STREET ADDRESS 2501 PARKWAY	
CITY-ST-ZIP PHILADELPHIA PA 19130	
TITLE PD	<input type="checkbox"/> Delete
NAME O'BRIEN, CHARLES P	
STREET ADDRESS 2501 PARKWAY	
CITY-ST-ZIP PHILADELPHIA PA	
TITLE T	<input type="checkbox"/> Delete
NAME DAURELLE, LAWRENCE E	
STREET ADDRESS 2501 PARKWAY	
CITY-ST-ZIP PHILADELPHIA PA	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 153 EAST 53RD STREET, 49TH FLOOR	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PD HAROLD F. ILG	
STREET ADDRESS 2501 PARKWAY	
CITY-ST-ZIP PHILADELPHIA, PA 19130	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Lawrence E. Daurelle* **LAWRENCE E. DAURELLE** Date: **4/25/00** Daytime Phone #: **215-787-4000**

CR2E034 (9/99)