

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90237 048 ***150.00

0808713

DOCUMENT # 808591

1. Entity Name
RELiance STANDARD LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
2501 PARKWAY **2501 PARKWAY**
PHILADELPHIA PA 19130 **PHILADELPHIA PA 19130**

100400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2001 MARKET ST. **2001 MARKET ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 1500 **SUITE 1500**

City & State City & State 4. FEI Number Applied For
PHILADELPHIA, PA **PHILADELPHIA, PA** **36-0883760** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
19103 ~~PHILADELPHIA~~ **19103** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENKRANZ, ROBERT 153 EAST 53RD STREET, 49TH FLOOR NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENARO, CHARLES T 2501 PARKWAY PHILADELPHIA PA 19130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 MARKET ST., STE. 1500 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, CHARLES P. 2501 PARKWAY PHILADELPHIA PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 MARKET ST., STE. 1500 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAURELLE, LAWRENCE E 2501 PARKWAY PHILADELPHIA PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS BURGHART 2001 MARKET ST., STE. 1500 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ILE, HAROLD F 2501 PARKWAY PHILADELPHIA PA 19130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAWRENCE E. DAURELLE 2001 MARKET ST., STE. 1500 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas Burghart THOMAS BURGART 4/25/01 (267) 250-3670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)