


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 808591
 1. Entity Name
RELiance STANDARD LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
2001 MARKET ST **2001 MARKET ST**
STE 1500 **STE 1500**
PHILADELPHIA, PA 19130 **PHILADELPHIA, PA 19130**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
36-0883760 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENKRANZ, ROBERT 153 EAST 53RD STREET, 49TH FLOOR NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DENARO, CHARLES T 2001 MARKET ST STE 1500 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEEHAN, JAMES N 153 E 53RD ST 49TH FLR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BURGHART, THOMAS 2001 MARKET ST STE 1500 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAURELLE, LAWRENCE E 2001 MARKET ST STE 1500 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Thomas Burghart Date: 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #