


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 808591**  
1. Entity Name  
**RELIANCE STANDARD LIFE INSURANCE COMPANY**



Principal Place of Business 2001 MARKET ST STE 1500 PHILADELPHIA, PA 19130	Mailing Address 2001 MARKET ST STE 1500 PHILADELPHIA, PA 19130
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**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-P CR2E034 (10/03)

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

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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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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05/03/05-80120-001 150.00

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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: 4/29/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR