


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 08, 2008 08:00 AM
Secretary of State**

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



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-0883760	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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, 2008 Fee will be \$550.00**

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

10000009501744
06/03/08-80056-017 150.00

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 exemptions contained in Chapter 119, 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 **5-1-08** (247) 256-3926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #