

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808591

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** RELIANCE STANDARD LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2001 MARKET ST  
STE 1500  
PHILADELPHIA, PA 19130

**New Principal Place of Business:**

**Current Mailing Address:**

2001 MARKET ST  
STE 1500  
PHILADELPHIA, PA 19130

**New Mailing Address:**

**FEI Number:** 36-0883760      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSENKRANZ, ROBERT  
Address: 153 EAST 53RD STREET, 49TH FLOOR  
City-St-Zip: NEW YORK, NY

Title: S  
Name: DENARO, CHARLES T  
Address: 2001 MARKET ST STE 1500  
City-St-Zip: PHILADELPHIA, PA 19103

Title: D  
Name: MEEHAN, JAMES N  
Address: 153 E 53RD ST 49TH FLR  
City-St-Zip: NEW YORK, NY 10022

Title: T  
Name: BURGHART, THOMAS  
Address: 2001 MARKET ST STE 1500  
City-St-Zip: PHILADELPHIA, PA 19103

Title: PD  
Name: DAURELLE, LAWRENCE E  
Address: 2001 MARKET ST STE 1500  
City-St-Zip: PHILADELPHIA, PA 19103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS BURGHART

T

04/28/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date