

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808591

1. Entity Name

RELiance STANDARD LIFE INSURANCE COMPANY

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 009 ***150.00

Principal Place of Business

Mailing Address

2501 PARKWAY
PHILADELPHIA PA 19130

2501 PARKWAY
PHILADELPHIA PA 19130-2439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-0883760

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENKRANZ, ROBERT	
STREET ADDRESS	650 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	DENARO, CHARLES T	
STREET ADDRESS	2501 PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA 19130	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'BRIEN, CHARLES P	
STREET ADDRESS	2501 PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAURELLE, LAWRENCE E	
STREET ADDRESS	2501 PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	153 EAST 53RD STREET, 49TH FLOOR
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD HAROLD F. ILG
STREET ADDRESS	2501 PARKWAY
CITY-ST-ZIP	PHILADELPHIA, PA 19130
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE E.
DAURELLE

Date

Daytime Phone #

4/25/00

215-787-4000

CR2E034 (9/99)