

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
**2001 MARKET ST
STE 1500
PHILADELPHIA, PA 19130**

Mailing Address
**2001 MARKET ST
STE 1500
PHILADELPHIA, PA 19130**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-0883760

Applied For
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 _____

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

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**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 **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

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

Daytime Phone # _____