

**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**



04292005 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 reinstating)

DATE \_\_\_\_\_

**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

U000000354750  
05/03/05-80120-001 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #