2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 808591

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS BURGHART T 04/23/2009

Electronic Signature of Signing Officer or Director Date