

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90261 017 \*\*\*150.00

0001381 AV

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-0883760**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D ROSENKRANZ, ROBERT**  
STREET ADDRESS **153 EAST 53RD STREET, 49TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Delete  
NAME **S DENARO, CHARLES T**  
STREET ADDRESS **2001 MARKET ST STE 1500**  
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☒ Delete  
NAME **D O'BRIEN, CHARLES P**  
STREET ADDRESS **2001 MARKET ST STE 1500**  
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Delete  
NAME **T BURGHART, THOMAS**  
STREET ADDRESS **2001 MARKET ST STE 1500**  
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Delete  
NAME **PD DAURELLE, LAWRENCE E**  
STREET ADDRESS **2001 MARKET ST STE 1500**  
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D James N. Meehan**  
STREET ADDRESS **153 East 53rd St. 49th Floor**  
CITY-ST-ZIP **New York, NY 10022**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

**RELIANCE STANDARD**  
Life Insurance Company

2001 Market Street, Suite 1500  
Philadelphia, PA 19103-7090  
(267) 256-3500  
(800) 351-7500

April 28, 2003

Attachment  
20035984  
808591

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report  
— Reliance Standard Life Insurance Company

Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Report for Reliance Standard Life Insurance Company, along with payment due of \$150.00.

If you have any questions, feel free to contact me at (267) 256-3922

Sincerely,



Vanessa M. Fred  
Accountant-Tax Department