

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808591

Entity Name: RELIANCE STANDARD LIFE INSURANCE COMPANY

Current Principal Place of Business:

2001 MARKET ST
STE 1500
PHILADELPHIA, PA 19130

Current Mailing Address:

2001 MARKET ST
STE 1500
PHILADELPHIA, PA 19130

FEI Number: 36-0883760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title CHAIRMAN
Name ROSENKRANZ, ROBERT
Address 590 MADISON AVE
30TH FL
City-State-Zip: NEW YORK NY 10022

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

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

Title DIRECTOR
Name ENDO, YOSHINARI
Address 590 MADISON AVE
30TH FL
City-State-Zip: NEW YORK NY 10022

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

Title T
Name BURGHART, THOMAS
Address 2001 MARKET ST STE 1500
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR
Name HIRSH, STEVEN
Address 590 MADISON AVE
30TH FL
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name KIRATSOUS, STEPHAN
Address 590 MADISON AVE
30TH FL
City-State-Zip: NEW YORK NY 10022

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: THOMAS BURGHART

SR VP & TREASURER

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'CONNOR, PHILIP
Address 590 MADISON AVE
30TH FL
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name LITVACK, JAMES
Address 590 MADISON AVE
30TH FL
City-State-Zip: NEW YORK NY 10022

Title VP
Name COHEN, WARREN
Address 2001 MARKET ST
STE 1500
City-State-Zip: PHILADELPHIA PA 19130

Title VP
Name FALKENSTEIN, DANIEL
Address 2001 MARKET ST
STE 1500
City-State-Zip: PHILADELPHIA PA 19130

Title VP
Name STAPLES, DEBRA
Address 2001 MARKET ST
STE 1500
City-State-Zip: PHILADELPHIA PA 19130

Title DIRECTOR
Name SHERMAN, DONALD
Address 590 MADISON AVE
30TH FL
City-State-Zip: NEW YORK NY 10022

Title VP
Name FAZZINI, CHRISTOPHER
Address 2001 MARKET ST
STE 1500
City-State-Zip: PHILADELPHIA PA 19130

Title VP
Name COULTER, CHAD
Address 2001 MARKET ST
STE 1500
City-State-Zip: PHILADELPHIA PA 19130

Title VP
Name ESEMPLARE, GREGORY
Address 2001 MARKET ST
STE 1500
City-State-Zip: PHILADELPHIA PA 19130