

**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 &amp; 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 ESEMPLE, GREGORY  
Address 2001 MARKET ST  
STE 1500  
City-State-Zip: PHILADELPHIA PA 19130