

**2015 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 ISHII, ICHIRO  
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****04/30/2015**

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 DAVISON, ANDREW  
Address 2001 MARKET ST  
STE 1500  
City-State-Zip: PHILADELPHIA PA 19130