#### 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 808591** 

Entity Name: RELIANCE STANDARD LIFE INSURANCE COMPANY

**FILED** Apr 27, 2016 **Secretary of State** CC6322128448

# **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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **CHAIRMAN** Title S

ROSENKRANZ, ROBERT DENARO, CHARLES T Name Name Address

590 MADISON AVE Address 2001 MARKET ST STE 1500 30TH FL

PHILADELPHIA PA 19103 City-State-Zip: NEW YORK NY 10022 City-State-Zip:

Title Т Title

Name **BURGHART, THOMAS** 

Name MEEHAN, JAMES N 2001 MARKET ST STE 1500 Address 153 E 53RD ST 49TH FLR Address

City-State-Zip: PHILADELPHIA PA 19103 NEW YORK NY 10022 City-State-Zip:

Title **DIRECTOR** Title PD

Name HIRSH, STEVEN DAURELLE, LAWRENCE E Name

Address 590 MADISON AVE Address 2001 MARKET ST STE 1500 30TH FL

City-State-Zip: NEW YORK NY 10022 City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR Title **DIRECTOR** 

KIRATSOUS, STEPHAN Name Name ENDO, YOSHINARI

> 590 MADISON AVE Address 590 MADISON AVE 30TH FL

30TH FL

City-State-Zip: NEW YORK NY 10022 NEW YORK NY 10022 City-State-Zip:

### 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

#### 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