

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morburn
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2:40

DOCUMENT # 801763 (4)

1. Corporation Name
JEFFERSON-PILOT LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
**100 NORTH GREENE STREET
P.O. BOX 21000
GREENSBORO, N C 27420**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/02/1923** 3a. Date of Last Report **03/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		56-0359860		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COMMISSIONER OF INSURANCE STATE OF FLORIDA THE CAPITOL TALLAHASSEE FL				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and this application) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TV	1 1 TITLE	SV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASS, DENNIS R.	1 2 NAME	Reed, Robert A.
STREET ADDRESS	100 N GREENE ST	1 3 STREET ADDRESS	100 N. Greene St.
CITY - ST - ZIP	GREENSBORO, N C 00000	1 4 CITY - ST - ZIP	Greensboro, NC 27401
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, WILLIAM E.	2 2 NAME	
STREET ADDRESS	100 N GREENE ST	2 3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO, NC 00000	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGUSON, CORBIN R.	3 2 NAME	Ferguson, C. Randolph
STREET ADDRESS	100 N GREENE ST	3 3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO, NC 00000	3 4 CITY - ST - ZIP	
TITLE	SV	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, JOHN D.	4 2 NAME	V
STREET ADDRESS	100 N GREENE ST	4 3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO, NC 00000	4 4 CITY - ST - ZIP	
TITLE	PD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONECIPHER, DAVID A	5 2 NAME	
STREET ADDRESS	100 N. GREENE ST	5 3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO, NC 00000	5 4 CITY - ST - ZIP	
TITLE	VCA	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HAL B JR	6 2 NAME	See attached sheets for a complete list of officers & directors.
STREET ADDRESS	100 N. GREENE ST	6 3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hal B. Phillips, Jr. Hal B. Phillips, Jr. 4/6/95 910 691-3496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Use Only)