

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 05 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 801763 (4)
 1. Corporation Name
JEFFERSON-PILOT LIFE INSURANCE COMPANY

Principal Place of Business 100 NORTH GREENE STREET P.O. BOX 21008 GREENSBORO, N C 27420	Mailing Address 100 NORTH GREENE STREET P.O. BOX 21008 GREENSBORO, N C 27420
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1923	3a. Date of Last Report 04/04/1996
21	22	23	24	4. FEI Number 56-0359860	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COMMISSIONER OF INSURANCE STATE OF FLORIDA THE CAPITOL TALLAHASSEE FL				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, DENNIS R	1.2 NAME	
STREET ADDRESS	100 N GREENE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27401	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	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 27401	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, C. RANDOLPH	3.2 NAME	
STREET ADDRESS	100 N GREENE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27401	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, JOHN D	4.2 NAME	
STREET ADDRESS	100 N GREENE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27401	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	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 27401	5.4 CITY-ST-ZIP	
TITLE	VCA <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HAL B JR	6.2 NAME	
STREET ADDRESS	100 N. GREENE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27401	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C. Phillip Phillips*

CR2E034 (4/97)

JEFFERSON PILOT LIFE INSURANCE COMPANY

DIRECTORS

Edwin Brownrigg Borden	801 N. William St.	Goldsboro N.C. 27533
William Hughes Cunningham	601 Colorado	Austin, TX 78701
Robert Griffith Greer	500 Chimney Rock	Houston, TX 77056
George William Henderson III	3330 W. Friendly Ave.	Greensboro N.C. 27410
Hugh Leon McColl Jr.	100 N. Tryon St.	Charlotte N.C. 28255
Edwin Samuel Melvin	324 W. Wendover Ave	Greensboro N.C. 27408
Kenneth C. Mlekush	100 N. Greene Street	Greensboro N.C. 27420
William Porter Payne	600 Peachtree St. N.E.	Atlanta GA 30308-2214
Donald Stuart Russell Jr.	One Tiftgreen Circle	Columbia S.C. 29223
Robert Henkel Spilman	245 Main St.	Bassett VA 24055
Martha Ann Walls	1050 Wilcraft Dr.	Houston TX 77042
E. Jay Yelton	100 N. Greene Street	Greensboro N.C. 27420

OFFICERS

EVP	Kenneth C. Mlekush	100 N. Greene Street	Greensboro N.C. 27420
EVP	E. Jay Yelton	100 N. Greene Street	Greensboro N.C. 27420
EVP/S	Robert A. Reed	100 N. Greene Street	Greensboro N.C. 27420
S/VP	Reggie Dale Adamson	100 N. Greene Street	Greensboro N.C. 27420
V	Cynthia K. Swank	100 N. Greene Street	Greensboro N.C. 27420