

5-20-98 B 7726 mc
 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
 May 20 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 | |
| 21 | 22 | 23 | 24 | 25 | 26 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05/02/1923 | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Country | | 56-0359860 | |
| 24 | | 25 | | 26 | |
| Zip | | Country | | Applied For | |
| 29 | | 30 | | Not Applicable | |
| g. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | 5. Certificate of Status Desired | |
| COMMISSIONER OF INSURANCE | | 81 Name | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| STATE OF FLORIDA | | 82 Street Address (P.O. Box Number is Not Acceptable) | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| THE CAPITOL | | 83 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| TALLAHASSEE FL | | 84 City | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 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 GLASS, DENNIS R | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 100 N GREENE ST | 1.2 NAME | |
| STREET ADDRESS | GREENSBORO NC 27401 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VD FERGUSON, C. RANDOLPH | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 100 N GREENE ST | 2.2 NAME | |
| STREET ADDRESS | GREENSBORO NC 27401 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | V HOPKINS, JOHN D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 100 N GREENE ST | 3.2 NAME | |
| STREET ADDRESS | GREENSBORO NC 27401 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | R/D STONECIPHER, DAVID A | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 100 N. GREENE ST | 4.2 NAME | P/D |
| STREET ADDRESS | GREENSBORO NC 27401 | 4.3 STREET ADDRESS | Mlekush, Kenneth C. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 100 N. Greene St Greensboro NC 27401 |
| TITLE | VCA PHILLIPS, HAL B JR | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 100 N. GREENE ST | 5.2 NAME | |
| STREET ADDRESS | GREENSBORO NC 27401 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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; that 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: Robert A Road 4/16/98 336-691-3375

CR2E034 (10/97)