

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90007 048 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **801763**
 1. Corporation Name
JEFFERSON-PILOT LIFE INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/02/1923 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 City & State | | 28 City & State | | 56-0359860 | |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 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 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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 | EVP/CFO/D <input checked="" 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 | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FERGUSON, C. RANDOLPH | 2.2 NAME | ROBERT A. REED |
| STREET ADDRESS | 100 N GREENE ST | 2.3 STREET ADDRESS | 100 N. GREENE ST |
| CITY-ST-ZIP | GREENSBORO NC 27401 | 2.4 CITY-ST-ZIP | GREENSBORO NC 27401 |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | EVP/GEN'L COUNSEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPKINS, JOHN D | 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 | CEO <input type="checkbox"/> DELETE | 4.1 TITLE | C/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STONECIPHER, DAVID A | 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 | VCA <input type="checkbox"/> DELETE | 5.1 TITLE | SVP/CA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHILLIPS, HAL B JR | 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 | PD <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | MLEKUSH, KENNETH C | 6.2 NAME | |
| STREET ADDRESS | 100 N GREENE STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENSBORO NC 27401 | 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 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 its address.

SIGNATURE: Robert A. Reed DATE: 7/8/99 DAYTIME PHONE #: 336-691-3375

CR2E034 (5/99)