

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90087 040 \*\*\*550.00

**DOCUMENT # 801763**

1. Entity Name

**JEFFERSON-PILOT LIFE INSURANCE COMPANY**

Principal Place of Business

100 NORTH GREENE STREET  
 P.O. BOX 21008  
 GREENSBORO NC 27420

Mailing Address

100 NORTH GREENE STREET  
 P.O. BOX 21008  
 GREENSBORO NC 27420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-0359860**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COMMISSIONER OF INSURANCE  
 STATE OF FLORIDA  
 THE CAPITOL  
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	EVDC	<input type="checkbox"/> Delete
NAME	GLASS, DENNIS R	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	VS	<input type="checkbox"/> Delete
NAME	REED, ROBERT A	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	EVGC	<input type="checkbox"/> Delete
NAME	HOPKINS, JOHN D	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	STONECIPHER, DAVID A.	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	SVCA	<input type="checkbox"/> Delete
NAME	PHILLIPS, HAL B JR	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MLEKUSH, KENNETH C	
STREET ADDRESS	100 N GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC 27401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert A. Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

336.691.3375

Date

Daytime Phone #

**ROBERT A. REED**

CR2E034 (5/00)