


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818908
1. Corporation Name
Jefferson National Life Insurance Company

2. Principal Office Address 9920 Corporate Campus Drive Suite, Apt. #, etc. Suite 1000 City & State Louisville KY Zip 40223 Country USA		3. Mailing Office Address 9920 Corporate Campus Drive Suite, Apt. #, etc. Suite 1000 City & State Louisville KY Zip 40223 Country USA	
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REINSTATEMENT 03-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 07/23/1965	Applied For Not Applicable
5. FEI Number 750300900	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

400060092584
09/30/05--01006--008 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Carol Record Carol Record
Assistant Secretary
Date 9/28/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	David Smilow	140 Perry Street, PH	New York, NY 10014
Director	Tracey Hecht Smilow	140 Perry Street, PH	New York, NY 10014
Director	Dean Kehler	1115 5th Ave	New York, NY 10128
Director	Thomas Leaton	305 Roosevelt Ct, NE	Vienna, VA 22180
Director	Lawrence Greenberg	34 Westcott Road	Princeton, NJ 08540
Director	Robert Jefferson	393 94th Street	Stone Harbor, NJ 08247

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date 9/27/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #