

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monrath  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 2: 39

DOCUMENT # 851429 (1)  
1. Corporation Name  
JEFFERSON STANDARD 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 NC 27420 GREENSBORO NC 27420

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/31/1981	03/21/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		56-1311049	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BLDG. TALLAHASSEE FL 32301				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BLDG. TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1. TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, DENNIS R.	12. NAME	
STREET ADDRESS	27A FOUNTAIN MANOR DR	13. STREET ADDRESS	100 N. Greene St.
CITY - ST - ZIP	GREENSBORO NC	14. CITY - ST - ZIP	Greensboro, NC 27401
TITLE	V	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HAL B JR	22. NAME	
STREET ADDRESS	100 N. GREENE ST	23. STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	24. CITY - ST - ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGLE, JERRY LEE	32. NAME	
STREET ADDRESS	7240 STRAWBERRY RD.	33. STREET ADDRESS	DELETE
CITY - ST - ZIP	SUMMERFIELD NC	34. CITY - ST - ZIP	
TITLE	PD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONECIPHER, DAVID A	42. NAME	
STREET ADDRESS	100 N. GREENE ST	43. STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	44. CITY - ST - ZIP	
TITLE	SD	51. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, JOHN D.	52. NAME	
STREET ADDRESS	100 N. GREENE STREET	53. STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	54. CITY - ST - ZIP	
TITLE		61. TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	Reed, Robert A.
STREET ADDRESS		63. STREET ADDRESS	100 N. Greene St.
CITY - ST - ZIP		64. CITY - ST - ZIP	Greensboro, NC 27401

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), Florida Statutes. I further certify that the information exhibited 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: *Hal B. Phillips, Jr.* Hal B. Phillips, Jr. 4/6/95 910 691-3496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)