

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 05 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851429 (1)**  
 1. Corporation Name  
**JEFFERSON STANDARD LIFE INSURANCE COMPANY**



Principal Place of Business <b>100 NORTH GREENE STREET P.O. BOX 21008 GREENSBORO NC 27420</b>	Mailing Address <b>100 NORTH GREENE STREET P.O. BOX 21008 GREENSBORO NC 27420</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip Country	Zip Country
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>12/31/1981</b>	<b>3a.</b> Date of Last Report <b>04/16/1996</b>
<b>4.</b> FEI Number <b>56-1311049</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER OF FLORIDA  
 THE CAPITOL BLDG.  
 TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>GLASS, DENNIS R.</b>
STREET ADDRESS	<b>100 N GREENE ST</b>
CITY-ST-ZIP	<b>GREENSBORO NC</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, HAL B JR</b>
STREET ADDRESS	<b>100 N. GREENE ST</b>
CITY-ST-ZIP	<b>GREENSBORO NC</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>REED, ROBERT A.</b>
STREET ADDRESS	<b>100 N. GREENE ST.</b>
CITY-ST-ZIP	<b>GREENSBORO NC</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>STONECIPHER, DAVID A</b>
STREET ADDRESS	<b>100 N. GREENE ST</b>
CITY-ST-ZIP	<b>GREENSBORO NC</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOPKINS, JOHN D.</b>
STREET ADDRESS	<b>100 N. GREENE STREET</b>
CITY-ST-ZIP	<b>GREENSBORO NC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Greensboro NC 27401</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>Greensboro NC 27401</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Greensboro NC 27401</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>Greensboro NC 27401</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>Greensboro NC 27401</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Cynthia K. Swank</b>
6.3 STREET ADDRESS	<b>100 N. Greene St.</b>
6.4 CITY-ST-ZIP	<b>Greensboro NC 27401</b>

**14.** I do 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 an address.

SIGNATURE: *Cynthia K. Swank* 7/30/97 910/691-4605

CR2E034 (4/97)