

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 049 ***550.00



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

PROFIT CORPORATION ANNUAL REPORT
1999

DOCUMENT # **851429**
 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

3. Date Incorporated or Qualified
12/31/1981

4. FEI Number **56-1311049** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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 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 _____

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GLASS, DENNIS R.	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILLIPS, HAL B JR	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REED, ROBERT A.	
STREET ADDRESS	100 N. GREENE ST.	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	STONECIPHER, DAVID A	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, JOHN D.	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SWANK, CYNTHIA K	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	EVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	27401	
2.1 TITLE	SVP/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	27401	
3.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	27401	
4.1 TITLE	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	27401	
5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KENNETH C. MLEKUSH	
5.3 STREET ADDRESS	100 NORTH GREENE ST.	
5.4 CITY-ST-ZIP	GREENSBORO NC 27401	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an address.

SIGNATURE: *[Signature]* 7/28/99 336-691-3375

CR2E034 (5/99)