

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 035 ***150.00



DOCUMENT # 851429
 1. Entity 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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

04202007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
56-1311049 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GLASS, DENNIS R.	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO, NC 27401	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	FREITAG, RANDAL J	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO, NC 27401	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	REED, ROBERT A.	
STREET ADDRESS	100 N. GREENE ST.	
CITY-ST-ZIP	GREENSBORO, NC 27401	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	CORNELIO, CHARLES C	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO, NC 27401	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	STONE, THERESA M	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO, NC 27401	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Suzanne Womack	
STREET ADDRESS	1500 Market St., Suite 3900	
CITY-ST-ZIP	Philadelphia, PA 19102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick J. Crawford	
STREET ADDRESS	1500 Market St., Suite 3900	
CITY-ST-ZIP	Philadelphia, PA 19102	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen E. Rahn	
STREET ADDRESS	1300 South Clinton St.	
CITY-ST-ZIP	Fort Wayne, IN 46802	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen E. Rahn, Vice President Date: 4/25/07 Daytime Phone #: 260-465-3140