

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

**APPROVED
AND
FILED**

95 APR 18 PM 9:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 852712 (9)

1. Corporation Name

JEFFERSON-PILOT FIRE & CASUALTY COMPANY

Principal Place of Business

Mailing Address

**100 NORTH GREENE STREET
P.O. BOX 20967
GREENSBORO NC 27420**

**100 NORTH GREENE STREET
P.O. BOX 20967
GREENSBORO NC 27420**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

04/27/1982

05/01/1994

4. FEI Number

Applied For

56-0773056

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RIPPY, JAMES P
STREET ADDRESS	100 NORTH GREENE ST GREENSBORO NC
CITY - ST - ZIP	
TITLE	D
NAME	STONECIPHER, DAVID A
STREET ADDRESS	100 NORTH GREENE ST GREENSBORO NC
CITY - ST - ZIP	
TITLE	V
NAME	WILLIS, GERALD E
STREET ADDRESS	100 NORTH GREENE ST GREENSBORO NC
CITY - ST - ZIP	
TITLE	SD
NAME	STANGE, RICHARD T.
STREET ADDRESS	100 NORTH GREENE ST GREENSBORO NC
CITY - ST - ZIP	
TITLE	VTD
NAME	GRAHAM, DIANE M.
STREET ADDRESS	100 NORTH GREENE ST GREENSBORO NC
CITY - ST - ZIP	
TITLE	V
NAME	LOFTIN, VALERIE W.
STREET ADDRESS	100 NORTH GREENE ST GREENSBORO NC
CITY - ST - ZIP	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Spillers, Ben M.	
1.3 STREET ADDRESS	100 North Greene St Greensboro, NC 27401	
1.4 CITY - ST - ZIP		
2.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ridling, Jimmy L.	
2.3 STREET ADDRESS	2545 Taylor Road Montgomery, AL 36117	
2.4 CITY - ST - ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Willis, Gerald E.	
3.3 STREET ADDRESS	100 North Greene Street Greensboro, NC 27401	
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Draughon, Henry P. Jr.	
4.3 STREET ADDRESS	2545 Taylor Road Montgomery, AL 36117	
4.4 CITY - ST - ZIP		
5.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Graham, Diane M.	
5.3 STREET ADDRESS	100 North Greene Street Greensboro, NC 27401	
5.4 CITY - ST - ZIP		
6.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cone, Stephen H.	
6.3 STREET ADDRESS	100 North Greene Street Greensboro, NC 27401	
6.4 CITY - ST - ZIP		

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(3)(k), 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:

Diane M. Graham

Diane M. Graham

4/13/95

(910) 691-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

852712

7.1 D
7.2 Dunn, William R.
7.3 2545 Taylor Road
7.4 Montgomery, AL 36117

8.1 D/ Asst. S
8.2 Green, Guy F. Jr.
8.3 2545 Taylor Road
8.4 Montgomery, AL 36117

9.1 D
9.2 Keith, Charles L.
9.3 2545 Taylor Road
9.4 Montgomery, AL 36117

10.1 Asst. S
10.2 Meriwether, Walter R.
10.3 2545 Taylor Road
10.4 Montgomery, AL 36117