

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 2:40

DOCUMENT # 854698 (8)

1. Corporation Name  
**JEFFERSON-PILOT PENSION 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 11/17/1982 3a. Date of Last Report 03/21/1994  
4. FEI Number 56-1311063 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 has liability for intangible tax under s. 199.032, Florida Statutes  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 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
THE CAPITAL  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when certifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, HAL B JR	12 NAME	Reed, Robert A.
STREET ADDRESS	100 N. GREENE ST	13 STREET ADDRESS	100 N. Greene St.
CITY - ST - ZIP	GREENSBORO NC	14 CITY - ST - ZIP	Greensboro, NC 27401
TITLE	SD	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, JOHN D.	22 NAME	
STREET ADDRESS	7240 STRAWBERRY RD	23 STREET ADDRESS	100 N. Greene St.
CITY - ST - ZIP	SUMMERFIELD NC	24 CITY - ST - ZIP	Greensboro, NC 27401
TITLE	T	31 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, DENNIS R.	32 NAME	
STREET ADDRESS	100 N. GREENE STREET	33 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO 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	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGLE, JERRY L.	52 NAME	DELETE
STREET ADDRESS	7240 STRAWBERRY RD.	53 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD NC	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.07(3)(b), 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: *Hal B. Phillips, Jr.* Hal B. Phillips, Jr. 4/6/95 910 691-3496  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date (Day/Mo/Yr)