

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 818908

**Entity Name:** JEFFERSON NATIONAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

10350 ORMSBY PARK PLACE  
LOUISVILLE, KY 40223

**Current Mailing Address:**

10350 ORMSBY PARK PLACE  
LOUISVILLE, KY 40223 US

**FEI Number:** 75-0300900

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES STREET  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GREENBERG, LAURENCE  
Address 10350 ORMSBY PARK PALCE  
City-State-Zip: LOUISVILLE KY 40223

Title SGC  
Name HAWLEY, CRAIG  
Address 10350 ORMSBY PARK PLACE  
City-State-Zip: LOUISVILLE KY 40223

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CRAIG HAWLEY**

**SECRETARY & GENERAL 01/12/2015  
COUNSEL**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date