

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801763

1. Entity Name

JEFFERSON-PILOT LIFE INSURANCE COMPANY

Principal Place of Business

100 NORTH GREENE STREET
P.O. BOX 21008
GREENSBORO NC 27420

Mailing Address

100 NORTH GREENE STREET
P.O. BOX 21008
GREENSBORO NC 27420

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90087 040 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-0359860**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVDC
GLASS, DENNIS R
100 N GREENE ST
GREENSBORO NC 27401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
REED, ROBERT A
100 N GREENE ST
GREENSBORO NC 27401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVGC
HOPKINS, JOHN D
100 N GREENE ST
GREENSBORO NC 27401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
STONECIPHER, DAVID A.
100 N. GREENE ST
GREENSBORO NC 27401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVCA
PHILLIPS, HAL B JR
100 N. GREENE ST
GREENSBORO NC 27401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MLEKUSH, KENNETH C
100 N GREENE STREET
GREENSBORO NC 27401 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. REED

7/10/00

336.691.3375

Daytime Phone #

CR2E034 (5/00)