

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 30 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 818908

1. Corporation Name

Jefferson National Life Insurance Company

2. Principal Office Address

9920 Corporate Campus Drive

Suite, Apt. #, etc.

Suite 1000

City & State

Louisville KY

Zip

40223

Country

USA

3. Mailing Office Address

9920 Corporate Campus Drive

Suite, Apt. #, etc.

Suite 1000

City & State

Louisville KY

Zip

40223

Country

USA

REINSTATEMENT 03-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

07/23/1965

5. FEI Number

750300900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Carol Record

Carol Record
Assistant Secretary

Date

9/28/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	David Smilow	140 Perry Street, PH	New York, NY 10014
Director	Tracey Hecht Smilow	140 Perry Street, PH	New York, NY 10014
Director	Dean Kehler	1115 5th Ave	New York, NY 10128
Director	Thomas Leaton	305 Roosevelt Ct, NE	Vienna, VA 22180
Director	Lawrence Greenberg	34 Westcott Road	Princeton, NJ 08540
Director	Robert Jefferson	393 94th Street	Stone Harbor, NJ 08247

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/2005

Daytime Phone #