

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 818908

FILED
Sep 29, 2009
Secretary of State

Entity Name: JEFFERSON NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

9920 CORPORATE CAMPUS DRIVE
SUITE 1000
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

9920 CORPORATE CAMPUS DRIVE
SUITE 1000
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 75-0300900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: JOSEPH VAP

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SMILOW, DAVID
Address: 435 HUDSON STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: DIR () Delete
Name: SMILOW, TRACEY H
Address: 435 HUDSON STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: D () Delete
Name: KEHLER, DEAN
Address: 1115 5TH AVE
City-St-Zip: NEW YORK, NY 10128

Title: PCEO () Delete
Name: GREENBERG, LAURENCE
Address: 9920 CORPORATE CAMPUS DR., STE 1000
City-St-Zip: LOUISVILLE, KY 40223

Title: COO () Delete
Name: LAU, DAVID
Address: 9920 CORPORATE CAMPUS DR., STE 1000
City-St-Zip: LOUISVILLE, KY 40223

Title: SGC () Delete
Name: HAWLEY, CRAIG
Address: 9920 CORPORATE CAMPUS DR., STE 1000
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG HAWLEY

SGC

09/29/2009

Electronic Signature of Signing Officer or Director

Date