

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818908

FILED  
Feb 25, 2011  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: SGC  
Name: HAWLEY, CRAIG  
Address: 9920 CORPORATE CAMPUS DR., STE 1000  
City-St-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

SGC

02/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date