

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818908

FILED
Jul 03, 2012
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: 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

07/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date