

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**  
07-26-1999 90007 049 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

**DOCUMENT # 851429**  
1. Corporation Name  
**JEFFERSON STANDARD LIFE INSURANCE COMPANY**

Principal Place of Business <b>100 NORTH GREENE STREET P.O. BOX 21008 GREENSBORO NC 27420</b>	Mailing Address <b>100 NORTH GREENE STREET P.O. BOX 21008 GREENSBORO NC 27420</b>
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> <b>12/31/1981</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>4. FEI Number</b> <b>56-1311049</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>7. This corporation owes the current year Intangible Personal Property.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	<b>85 Zip Code</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>83</b>	
<b>84 City</b>	<b>FL</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>GLASS, DENNIS R.</b>	
<b>STREET ADDRESS</b>	<b>100 N GREENE ST</b>	
<b>CITY-ST-ZIP</b>	<b>GREENSBORO NC</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>PHILLIPS, HAL B JR</b>	
<b>STREET ADDRESS</b>	<b>100 N. GREENE ST</b>	
<b>CITY-ST-ZIP</b>	<b>GREENSBORO NC</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>REED, ROBERT A.</b>	
<b>STREET ADDRESS</b>	<b>100 N. GREENE ST.</b>	
<b>CITY-ST-ZIP</b>	<b>GREENSBORO NC</b>	
<b>TITLE</b>	<b>CEO</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>STONECIPHER, DAVID A</b>	
<b>STREET ADDRESS</b>	<b>100 N. GREENE ST</b>	
<b>CITY-ST-ZIP</b>	<b>GREENSBORO NC</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>HOPKINS, JOHN D.</b>	
<b>STREET ADDRESS</b>	<b>100 N. GREENE STREET</b>	
<b>CITY-ST-ZIP</b>	<b>GREENSBORO NC</b>	
<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>SWANK, CYNTHIA K</b>	
<b>STREET ADDRESS</b>	<b>100 N GREENE ST</b>	
<b>CITY-ST-ZIP</b>	<b>GREENSBORO NC</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>EVP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>		
<b>1.3 STREET ADDRESS</b>		
<b>1.4 CITY-ST-ZIP</b>	<b>27401</b>	
<b>2.1 TITLE</b>	<b>SVP/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>		
<b>2.3 STREET ADDRESS</b>		
<b>2.4 CITY-ST-ZIP</b>	<b>27401</b>	
<b>3.1 TITLE</b>	<b>VP/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>		
<b>3.3 STREET ADDRESS</b>		
<b>3.4 CITY-ST-ZIP</b>	<b>27401</b>	
<b>4.1 TITLE</b>	<b>C/CEO/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>		
<b>4.3 STREET ADDRESS</b>		
<b>4.4 CITY-ST-ZIP</b>	<b>27401</b>	
<b>5.1 TITLE</b>	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2 NAME</b>	<b>KENNETH C. MLEKUSH</b>	
<b>5.3 STREET ADDRESS</b>	<b>100 NORTH GREENE ST.</b>	
<b>5.4 CITY-ST-ZIP</b>	<b>GREENSBORO NC 27401</b>	
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY-ST-ZIP</b>		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  7/28/99 336-691-3375

CR2E034 (5/99)