

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90070 018 ***150.00

DOCUMENT # 851429

1. Entity Name

JEFFERSON STANDARD LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

100 NORTH GREENE STREET
P.O. BOX 21008
GREENSBORO NC 27420

100 NORTH GREENE STREET
P.O. BOX 21008
GREENSBORO NC 27420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 56-1311049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EVD ☐ Delete
NAME GLASS, DENNIS R.
STREET ADDRESS 100 N GREENE ST
CITY-ST-ZIP GREENSBORO NC

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP CODE - 27401

TITLE SVA ☒ Delete
NAME PHILLIPS, HAL B JR
STREET ADDRESS 100 N. GREENE ST
CITY-ST-ZIP GREENSBORO NC 27401

TITLE VICE PRESIDENT + APPOINTED ☐ Change ☒ Addition
NAME RANDAL J. FREITAG ACTUARY
STREET ADDRESS 100 N. GREENE ST.
CITY-ST-ZIP GREENSBORO, NC 27401

TITLE VS ☐ Delete
NAME REED, ROBERT A.
STREET ADDRESS 100 N. GREENE ST.
CITY-ST-ZIP GREENSBORO NC 27401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☐ Delete
NAME STONECIPHER, DAVID A
STREET ADDRESS 100 N. GREENE ST
CITY-ST-ZIP GREENSBORO NC 27401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MCKEUSH, KENNETH C
STREET ADDRESS 100 N. GREENE STREET
CITY-ST-ZIP GREENSBORO NC 27401

TITLE ☒ Change ☐ Addition
NAME MCKEUSH - please correct spelling
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

336.691.3375

Daytime Phone #

CR2E034 (10/00)