

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 035 ***150.00

DOCUMENT # 851429

1. Entity Name
JEFFERSON STANDARD LIFE INSURANCE COMPANY



Principal Place of Business
**100 NORTH GREENE STREET
P.O. BOX 21008
GREENSBORO, NC 27420**

Mailing Address
**100 NORTH GREENE STREET
P.O. BOX 21008
GREENSBORO, NC 27420**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-P CR2E034 (12/06)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GLASS, DENNIS R.**
STREET ADDRESS **100 N GREENE ST**
CITY-ST-ZIP **GREENSBORO, NC 27401**

TITLE **SVP** ☐ Delete
NAME **FREITAG, RANDAL J**
STREET ADDRESS **100 N. GREENE ST**
CITY-ST-ZIP **GREENSBORO, NC 27401**

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

TITLE **EVP** ☐ Delete
NAME **CORNELIO, CHARLES C**
STREET ADDRESS **100 N. GREENE ST**
CITY-ST-ZIP **GREENSBORO, NC 27401**

TITLE **CFO** ☒ Delete
NAME **STONE, THERESA M**
STREET ADDRESS **100 N. GREENE STREET**
CITY-ST-ZIP **GREENSBORO, NC 27401**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **C. Suzanne Womack**
CITY-ST-ZIP **1500 Market St., Suite 3900
Philadelphia, PA 19102**

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

TITLE ☐ Change ☒ Addition
NAME **Chief Financial Officer**
STREET ADDRESS **Frederick J. Crawford**
CITY-ST-ZIP **1500 Market St., Suite 3900
Philadelphia, PA 19102**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Stephen E. Rahn**
CITY-ST-ZIP **1300 South Clinton St.
Fort Wayne, IN 46802**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEPHEN E. RAHN, VICE PRESIDENT** 4/25/07 260-465-3140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #