FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809760 (2)

1. Corporation Name
ATLANTIC AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
4370 PEACHTREE ROAD. NE ATLANTA GA 30319-3023	4370 PEACHTREE ROAD. NE ATLANTA GA 30319-3023

2. Principal Place of Business 21 — Suite, Apt #, etc 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address 26 — Suite, Apt #, etc 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 04/13/1954
3a. Date of Last Report: 01/26/1995
4. FEI Number: 58-0507868 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL

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

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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, HILTON H. JR.		1.2 NAME		
STREET ADDRESS	4370 PEACHTREE RD. NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, MACK J.		2.2 NAME		
STREET ADDRESS	4370 PEACHTREE RD NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP		
TITLE	S	XX DELETE	3.1 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	BRADLAW, HARRY		3.2 NAME	Janie L. Ryan	
STREET ADDRESS	4370 PEACHTREE RD NE		3.3 STREET ADDRESS	4370 Peachtree RD NE	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30319	
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HANCOCK, JOHN W.		4.2 NAME		
STREET ADDRESS	4370 PEACHTREE RD NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John W. Hancock — John W. Hancock-Sr. VP/Treas. — 2-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)