

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **801104** (1)

1. Corporation Name  
**LIFE INSURANCE COMPANY OF GEORGIA**

**FILED**  
95 AUG -8 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
**5780 POWERS FERRY ROAD, NW** **5780 POWERS FERRY ROAD, NW**  
**P O BOX 105006** **P O BOX 105006**  
**ATLANTA GA 30327-4390** **ATLANTA GA 30327-4390**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/10/1918	08/17/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		58-0298930	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		FL

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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, LYNN H.	12 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	13 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZELL, JOHN L	22 NAME	James C. Brooks
STREET ADDRESS	5780 POWERS FERRY RD. NW	23 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	24 CITY - ST - ZIP	
TITLE	CEOD	31 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, CARROLL D.	32 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	33 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	34 CITY - ST - ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, GEORGE S	42 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	43 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTING, RODGER T.	52 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	53 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	54 CITY - ST - ZIP	
TITLE	VD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMORY, LINDA B	62 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	63 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	64 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)(b), 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 or changed, or on an attachment with an addition.

SIGNATURE: *Sandra B. Morham* 8-1-95 (404) 980-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type or Print Name)