

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 801104 (1)

1. Corporation Name

LIFE INSURANCE COMPANY OF GEORGIA

Principal Place of Business

5780 POWERS FERRY ROAD, NW
P O BOX 105006
ATLANTA GA 30327-4390

Mailing Address

5780 POWERS FERRY ROAD, NW
P O BOX 105006
ATLANTA GA 30327-4390

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 606, 606a and 606b, 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. Thereby I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 606, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the president or director of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	D	JOHNSTON, LYNN H.	5780 POWERS FERRY RD. NW ATLANTA GA	☒ DELETE			
	P	BROOKS, JAMES C.	5780 POWERS FERRY RD. NW ATLANTA GA	☐ DELETE			
	D	BURNS, CARROLL D.	5780 POWERS FERRY RD. NW ATLANTA GA	☒ DELETE			
	V	HEAD, GEORGE S	5780 POWERS FERRY RD. NW ATLANTA GA	☐ DELETE			
	VD	PANTING, RODGER T.	5780 POWERS FERRY RD. NW ATLANTA GA	☒ DELETE			
	VD	EMORY, LINDA B	5780 POWERS FERRY RD. NW ATLANTA GA	☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	V/S
2. NAME	Mulcahy, Francis
3. STREET ADDRESS	5780 Powers Ferry Rd., NW
4. CITY, ST, ZIP	Atlanta, GA. 30327-4390
5. TITLE	P/D
6. NAME	Brooks, James C.
7. STREET ADDRESS	5780 Powers Ferry Rd., NW
8. CITY, ST, ZIP	Atlanta, GA. 30327-4390
9. TITLE	V/D
10. NAME	Oliver, Lyndon E.
11. STREET ADDRESS	5780 Powers Ferry Rd., NW
12. CITY, ST, ZIP	Atlanta, GA. 30327-4390
13. TITLE	V
14. NAME	Royster, Don M.
15. STREET ADDRESS	5780 Powers Ferry Rd., NW
16. CITY, ST, ZIP	Atlanta, GA. 30327-4390
17. TITLE	D
18. NAME	Emory, Linda B.
19. STREET ADDRESS	5780 Powers Ferry Rd., NW
20. CITY, ST, ZIP	Atlanta, GA. 30327-4390

14. I do hereby certify that the information supplied with this report 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 does appear on a current report or 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 person or persons empowered to register this report as required by Chapter 600, Florida Statutes and that my name appears on Block 12 or Block 13 if changed or corrected from what is on file.

SIGNATURE:

James C. Brooks Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James C. Brooks, Jr. President

03/22/96

(770) 980-5100

CR2E034 (12/95)