

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1918	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	S
NAME	MULCAHY, FRANCIS	1.2 NAME	Barmeyer, John R.
STREET ADDRESS	5780 POWERS FERRY RD. NW	1.3 STREET ADDRESS	5780 Powers Ferry Rd, NW
CITY- ST- ZIP	ATLANTA GA	1.4 CITY- ST- ZIP	Atlanta, GA 30327-4390
TITLE	PD	2.1 TITLE	
NAME	BROOKS, JAMES C.	2.2 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	2.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	2.4 CITY- ST- ZIP	
TITLE	VO	3.1 TITLE	T
NAME	OLIVER, LYNDON E	3.2 NAME	Pendergrass, David Scott
STREET ADDRESS	5780 POWERS FERRY RD. NW	3.3 STREET ADDRESS	5780 Powers Ferry Rd, NW
CITY- ST- ZIP	ATLANTA GA	3.4 CITY- ST- ZIP	Atlanta, GA 30327-4390
TITLE	V	4.1 TITLE	
NAME	HEAD, GEORGE S	4.2 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	4.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	
NAME	ROYSTER, DON M	5.2 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	5.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	
NAME	EMORY, LINDA B	6.2 NAME	
STREET ADDRESS	5780 POWERS FERRY RD. NW	6.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	6.4 CITY- ST- ZIP	

14. 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 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: _____ March 9, 1998 770-980-5100

CR2E034 (10/97)