

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801104

1. Entity Name

LIFE INSURANCE COMPANY OF GEORGIA

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90077 029 \*\*\*150.00

Principal Place of Business

Mailing Address

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

5780 POWERS FERRY ROAD. NW  
P O BOX 105006  
ATLANTA GA 30327-4349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0298930

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STATE INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME BURTON, B SCOTT  
STREET ADDRESS 5780 POWERS FERRY RD. NW  
CITY-ST-ZIP ATLANTA GA 30327

TITLE V ☐ Change ☒ Addition  
NAME Fred Herbert Wright  
STREET ADDRESS 5780 Powers Ferry Rd NW  
CITY-ST-ZIP Atlanta, GA 30327

TITLE PD ☐ Delete  
NAME THOMPSON, JAMES D  
STREET ADDRESS 5780 POWERS FERRY RD. NW  
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ Change ☒ Addition  
NAME John R Barmeyer  
STREET ADDRESS 5780 Powers Ferry Rd. NW  
CITY-ST-ZIP Atlanta, GA 30327

TITLE T ☐ Delete  
NAME PENDERGRASS, DAVID SCOTT  
STREET ADDRESS 5780 POWERS FERRY RD. NW  
CITY-ST-ZIP ATLANTA GA 30327

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

TITLE V ☐ Delete  
NAME CWIOK, JEROME J  
STREET ADDRESS 5780 POWERS FERRY RD. NW  
CITY-ST-ZIP ATLANTA GA

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

TITLE D ☒ Delete  
NAME EMORY, LINDA B  
STREET ADDRESS 5780 POWERS FERRY RD. NW  
CITY-ST-ZIP ATLANTA GA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2000

Date

Daytime Phone #

B. Scott Burton, Secretary

770-850-7780

CR2E034 (9/99)