

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 801104**

1. Entity Name

LIFE INSURANCE COMPANY OF GEORGIAPrincipal 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****FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90104 012 ***150.00

00030489

DO NOT WRITE IN THIS SPACE

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

**STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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, 2001 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 ☒ Change ☐ Addition
NAME **Jeffrey B. McClellan**
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **THOMPSON, JAMES D**
STREET ADDRESS **5780 POWERS FERRY RD. NW**
CITY-ST-ZIP **ATLANTA GA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **V** ☐ Delete
NAME **BARMEYER, JOHN R**
STREET ADDRESS **5780 POWERS FERRY RD. NW**
CITY-ST-ZIP **ATLANTA GA 30327**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **WRIGHT, FRED H**
STREET ADDRESS **5780 POWERS FERRY RD NW**
CITY-ST-ZIP **ATLANTA GA 30327**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

Date

Daytime Phone #

CR2E034 (10/00)