

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90322 001 ***450.00

DOCUMENT # 801104

1. Entity 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

3. Mailing Address
20 Washington Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Route 1261

City & State

City & State
Minneapolis, MN

4. FEI Number

58-0298930

Applied For

Not Applicable

Zip

Country

Zip
55401

Country

USA

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

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	S MCCLELLAN, JEFFREY B 5780 POWERS FERRY RD. NW ATLANTA GA 30327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JAMES D 5780 POWERS FERRY RD. NW ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENDERGRASS, DAVID SCOTT 5780 POWERS FERRY RD. NW ATLANTA GA 30327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CWIOK, JEROME J 5780 POWERS FERRY RD. NW ATLANTA GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARMAYER, JOHN R 5780 POWERS FERRY RD. NW ATLANTA GA 30327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, FRED H 5780 POWERS FERRY RD NW ATLANTA GA 30327	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-Paula Cludray-Engelke 20 Washington Avenue S. Minneapolis, MN 55401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P (no longer Director) James D. Thompson (address left)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T David S. Pendergrass (address Left)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP (no longer Sec.) Jeffrey McClellan (see upper left)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CFO Wayne Huneke 5780 Powers Ferry Rd. NW Atlanta, GA 30327	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P. Randall Lowery 5780 Powers Ferry Road, NW Atlanta, GA 30327	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paula Cludray-Engelke* **Paula Cludray-Engelke** **April 16, 2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)