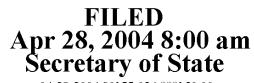
2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #801104**



04-28-2004 90177 024 ***150 00

1. Entity Name LIFE INSURANCE COMPANY OF GEORGIA							01262001	.01,,, 02	. 150	.00	
Principal Place of Business Mailing Address											
5780 POWERS FERRY ROAD, NW P O BOX 105006 ATLANTA, GA 30327-4390			20 WASHINGTON AVENUE ROUTE 1261 MINNEAPOLIS, MN 55401			1 (2001)	94069377				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01122004	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Numbe 58-0298				olied For Applicable	
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired Security \$8.75 Additional Fee Required			tional		
6. Name and Address of Current F			egistered Agent			7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD FORT LAUDERDALE, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)						
					City	y Zip Code					
					<u></u>						
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees		· · · · · · · · · · · · · · · · · · ·			
10.	1.	OFFICERS AND D	IRECTORS	11.		. ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
NAME: "" STREET ADDRESS CITY-ST-ZIP	D AGARET & GUBBAY, KEIT 5780 POWERS ATLANTA, GA	TH S FERRY RD. NW	☐ Delete		I				Change	Addition	
TITLE NAME STREET ADDRESS	P THOMPSON, J 5780 POWERS	IAMES D S FERRY RD. NW	☐ Delete TITL NAM STRI		ì	H			☐ Change	Addition	
CITY-ST-ZIP	ATLANTA, GA				-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SS, DAVID SCOTT S FERRY RD. NW 30327	☐ Delete	1	i	10.571			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ì	GELKE, PAULA ON AVENUE SOU' 6, MN 55401	□ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCOFF, REBE 20 WASHINGT MINNEAPOLIS	ON AVE SOUTH	XXDelete		AE S	ssistant Steffer, Ed O Washingt Inneapolis	lwina P.J. on Avenue	South	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, P R	ANDALL S FERRY RD NW	XXDelete	TITL NAM STRI	AE WEET ADDRESS: 5	CFO and Dir Theat, Davi 1780 Powers	ector d A. Ferry Roa		Change	Addition	
			his filing does not qualify					I further cort	ify that the in	formation	
12. 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 onthis 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 10 or Block 11 if											

Paula Cludray-Engelke

4/22/04