

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801104

FILED
Apr 01, 2005
Secretary of State

Entity Name: LIFE INSURANCE COMPANY OF GEORGIA

Current Principal Place of Business:

5780 POWERS FERRY ROAD, NW
P O BOX 105006
ATLANTA, GA 303274390

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE
ROUTE 1261
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 58-0298930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUBBAY, KEITH
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: P () Delete
Name: THOMPSON, JAMES D
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: VPT () Delete
Name: PENDERGRASS, DAVID SCOTT
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: S () Delete
Name: CLUDRAY-ENGELKE, PAULA
Address: 20 WASHINGTON AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: AS () Delete
Name: STEFFER, EDWINA P. J.
Address: 20 WASHINGTON AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: CFOD () Delete
Name: WHEAT, DAVID A
Address: 5780 POWERS FERRY RD NW
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCINERNEY, THOMAS
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: CAVENDER, DIANA R
Address: 20 WASHINGTON AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA CAVENDER

AS

04/01/2005

Electronic Signature of Signing Officer or Director

_____ Date