

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0649991 AT

**DOCUMENT # 801104**

1. Entity Name  
**LIFE INSURANCE COMPANY OF GEORGIA**



04-28-2003 91302 033 \*\*\*150.00

Principal Place of Business  
**5780 POWERS FERRY ROAD, NW  
P O BOX 105006  
ATLANTA GA 30327-4390**

Mailing Address  
**20 WASHINGTON AVENUE  
ROUTE 1261  
MINNEAPOLIS MN 55401**

**11024168**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-0298930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

City **Plantation**

**FL**

Zip Code  
**33324**

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 *Andrea Mithun*  
Signature, typed or printed name of registered agent and date if applicable.

*Andrea Mithun, Asst. Secy*  
(NOTE: Registered Agent signature required when reinstating)

*4/25/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete  
NAME **MCCLELLAN, JEFFREY B**  
STREET ADDRESS **5780 POWERS FERRY RD. NW**  
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **P** ☐ Delete  
NAME **THOMPSON, JAMES D**  
STREET ADDRESS **5780 POWERS FERRY RD. NW**  
CITY-ST-ZIP **ATLANTA GA 30327**

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

TITLE **S** ☐ Delete  
NAME **CLUDRAY-ENGELKE, PAULA**  
STREET ADDRESS **20 WASHINGTON AVENUE SOUTH**  
CITY-ST-ZIP **MINNEAPOLIS MN 55401**

TITLE **DCFO** ☒ Delete  
NAME **HUNEKE, WAYNE**  
STREET ADDRESS **5780 POWERS FERRY RD. NW**  
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **D** ☐ Delete  
NAME **LOWERY, P RANDALL**  
STREET ADDRESS **5780 POWERS FERRY RD NW**  
CITY-ST-ZIP **ATLANTA GA 30327**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **Gubbay, Keith**  
STREET ADDRESS **5780 Powers Ferry Rd, NW**  
CITY-ST-ZIP **Atlanta, GA 30327**

TITLE **AS** ☐ Change ☒ Addition  
NAME **Schoff, Rebecca A.**  
STREET ADDRESS **20 Washington Avenue South**  
CITY-ST-ZIP **Minneapolis, MN 55401**

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

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

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

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

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

SIGNATURE *Rebecca A. Schoff* **RECEIVED REQUIRED** *Rebecca A. Schoff* **4/24/03** **612-342-3920**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)