

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 801723

1. Entity Name
ATLANTA LIFE INSURANCE COMPANY



FILED

05 OCT 12 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 AUBURN AVE., N.E.
P.O. BOX 897
ATLANTA, GA 30301

Mailing Address
100 AUBURN AVE., N.E.
P.O. BOX 897
ATLANTA, GA 30301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052005 REIN-P CR2E098 (6/04)

4. FEI Number
58-0146380

Applied For
Not Applicable

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS ☒ Delete
NAME JOHNSON, JUSTIN L
STREET ADDRESS 100 AUBURN AVE NE
CITY-ST-ZIP ATLANTA, GA 30303

TITLE ☐ Change ☐ Addition
NAME 300060546853
STREET ADDRESS 10/12/05--01046--001 ***750.00
CITY-ST-ZIP

TITLE EVC ☐ Delete
NAME NNADI, GEOFFREY
STREET ADDRESS 100 AUBURN AVE. NE
CITY-ST-ZIP ATLANTA, GA 30303

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

TITLE PCEO ☐ Delete
NAME BROWN, RONALD
STREET ADDRESS 100 AUBURN AVE NE
CITY-ST-ZIP ATLANTA, GA 30303

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

TITLE T ☐ Delete
NAME ATKINS, ROBERT JR
STREET ADDRESS 100 AUBURN AVE NE
CITY-ST-ZIP ATLANTA, GA 30303

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

TITLE D ☐ Delete
NAME CLEMENT, WILLIAM
STREET ADDRESS 100 AUBURN AVE NE
CITY-ST-ZIP ATLANTA, GA 30303

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

TITLE ☐ Delete
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 of the life empowered.

SIGNATURE: Robert Atkins Jr.

10/4/05 404-654-8889