


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 801723	
1. Entity Name ATLANTA LIFE INSURANCE COMPANY	

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
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07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0146380	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 <u>Robert Atkins, Jr. Vice President and Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>July 10, 2006</u>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	<input checked="" type="checkbox"/> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV NNADI, GEOFFREY 100 AUBURN AVE. NE ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BROWN, RONALD 100 AUBURN AVE NE ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATKINS, ROBERT JR 100 AUBURN AVE NE ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENT, WILLIAM 100 AUBURN AVE NE ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000569703 07/12/06-80010-009 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employees.	
SIGNATURE: <u>Robert Atkins, Jr. Robert Atkins Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7/10/06</u> Daytime Phone # <u>404-654-8889</u>