


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 050 ***550.00

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	
2. Principal Place of Business - No P.O. Box # 100 AUBURN AVE. Suite, Apt. #, etc.		3. Mailing Address 100 AUBURN AVE Suite, Apt. #, etc.	
City & State ATLANTA GA.		City & State ATLANTA GA. 30303	
Zip 30303	Country USA	Zip 30303	Country USA
4. FEI Number 58-0146380		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCFO <input type="checkbox"/> Delete NAME NNADI, GEOFFREY C STREET ADDRESS 100 AUBURN AVE. NE CITY-ST-ZIP ATLANTA, GA 30303	TITLE PCEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WILLIAM CLEMENT STREET ADDRESS 100 AUBURN AVE. CITY-ST-ZIP ATLANTA GA. 30303	TITLE COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LEONARD P. BRIMES STREET ADDRESS 100 AUBURN AVE. CITY-ST-ZIP ATLANTA GA 30303	TITLE VT <input checked="" type="checkbox"/> Delete NAME ATKINS, ROBERT JR STREET ADDRESS 100 AUBURN AVE NE CITY-ST-ZIP ATLANTA, GA 30303
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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 empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9/9/08 Daytime Phone #	