

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 801723

FILED
Oct 07, 2013
Secretary of State

Entity Name: ATLANTA LIFE INSURANCE COMPANY

Current Principal Place of Business:

100 AUBURN AVE.
ATLANTA, GA 30303

New Principal Place of Business:

191 PEACHTREE ST.
STE#2500
ATLANTA, GA 30303

Current Mailing Address:

100 AUBURN AVE.
ATLANTA, GA 30303

New Mailing Address:

191 PEACHTREE ST
STE#2500
ATLANTA, GA 30303

FEI Number: 58-0146380

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 323990000 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: GEOFFREY C. NNADI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCFO
Name: NNADI, GEOFFREY C
Address: 191 PEACHTREE ST.
City-St-Zip: ATLANTA, GA 30303

Title: PCEO
Name: TAGGART, WILLIAM
Address: 191 PEACHTREE ST.
City-St-Zip: ATLANTA, GA 30303

Title: T
Name: BEVARD, LEONARD
Address: 191 PEACHTREE ST.
City-St-Zip: ATLANTA, GA 30303

I hereby 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 all other like empowered.

SIGNATURE: GEOFFREY C. NNADI

CFO

10/07/2013

Electronic Signature of Signing Officer or Director

Date