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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **817436** **(9)**

1. Corporation Name
GEORGIA INTERNATIONAL LIFE INSURANCE CO.

Principal Place of Business	Mailing Address
2610 WYCLIFF ROAD RALEIGH NC 27607 US	2610 WYCLIFF ROAD RALEIGH NC 27607-3063 US

3. Date Incorporated or Qualified: 10/23/1963	3a. Date of Last Report: 05/01/1996
4. FEI Number: 58-0806259	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

INURANCE COMMISSIONER
LARSON BLDG
200 E GAINES ST
TALLAHASSEE FL 32399-7300

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Dir., V.P., Assoc. Gen. Counsel & Secy.	☐ Change ☒ Addition
NAME	GREENBURG, ALLAN D.		1.2 NAME	James W. Lillie, Jr.	
STREET ADDRESS	2610 WYCLIFF ROAD		1.3 STREET ADDRESS	2610 Wycliff Road	
CITY-ST-ZIP	RALEIGH NC 27607		1.4 CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	V	☐ DELETE	2.1 TITLE	V.P., Chief Actuary and Appt. Actuary	☒ Change ☐ Addition
NAME	POTTER, ROBERT A.		2.2 NAME		
STREET ADDRESS	2610 WYCLIFF ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27607		2.4 CITY-ST-ZIP		
TITLE	D/P	☒ DELETE	3.1 TITLE	Dir., President	☐ Change ☒ Addition
NAME	HENSON, JIM L.		3.2 NAME	James A. Mullon	
STREET ADDRESS	2610 WYCLIFF ROAD		3.3 STREET ADDRESS	2610 Wycliff Road	
CITY-ST-ZIP	RALEIGH NC 27607		3.4 CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	CEO	☒ DELETE	4.1 TITLE	Sr.V.P. (Finance) & Treas.	☐ Change ☒ Addition
NAME	KEEHBLER, NICHOLAS C.		4.2 NAME	Mary H. McDowell	
STREET ADDRESS	2610 WYCLIFF ROAD		4.3 STREET ADDRESS	2610 Wycliff Road	
CITY-ST-ZIP	RALEIGH NC 27607		4.4 CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	V	☐ DELETE	5.1 TITLE	Sr.V.P. and Actuary	☒ Change ☐ Addition
NAME	GRANIERI, VINCENT J.		5.2 NAME		
STREET ADDRESS	2610 WYCLIFF ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27607		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	PRAGER, MICHAEL J.		6.2 NAME	Patricia B. Butler	
STREET ADDRESS	2610 WYCLIFF ROAD		6.3 STREET ADDRESS	2610 Wycliff Road	
CITY-ST-ZIP	RALEIGH NC 27607		6.4 CITY-ST-ZIP	Raleigh, NC 27607	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia B. Butler /Assistant Secy. 1/22/97 919-786-8186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #