

F980000001559



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 711344 4391452

AUTHORIZATION :

*Patricia Pugh*

COST LIMIT : \$ 70.00

ORDER DATE : February 18, 1998

ORDER TIME : 2:14 PM

ORDER NO. : 711344-005

CUSTOMER NO: 4391452

800002461088--5

W98-6070

CUSTOMER: Ms. Joan Player  
Life Insurance Company Of  
5780 Powers Ferry Rd., N.w.

Atlanta, GA 30327

FOREIGN FILINGS

NAME: LIFE OF GEORGIA AGENCY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR 18 AM 9:38

*mt*  
3/19

RECEIVED  
98 MAR 18 PM 2:37  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

March 18, 1998

CSC

**RESUBMIT**  
Please give original  
submission date as file date

SUBJECT: LIFE OF GEORGIA AGENCY, INC.  
Ref. Number: W98000006070

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 798A00014673

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR 19 AM 9:20  
98 MAR 18 AM 9:38  
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. LIFE OF GEORGIA AGENCY, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. GEORGIA

(State or country under the law of which it is incorporated)

10/16/1997

4.

(Date of Incorporation)

3. N/A

(FEI number, if applicable)

perpetual

5.

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 5780 POWERS FERRY ROAD, ATLANTA, GEORGIA 30327

(Current mailing address)

8.

Life Insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

, Florida,

32301

(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Karen B. Rozar

(Registered agent's signature)

Karen B. Rozar, Asst. Sec.  
Corporation Service Company

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JAMES D. THOMPSON

Address: 5780 POWERS FERRY ROAD, ATLANTA, GEORGIA 30327

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P.O. Box NOT acceptable)**

President: JEROME J. CWIOK

Address: 5780 POWERS FERRY ROAD, ATLANTA, GEORGIA 30227

Vice President: HAROLD I. COHEN

Address: SAME

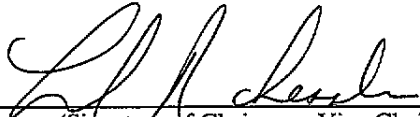
Secretary: LINDA S. SESSLER ASST SECRETARY CAROL S. GLENN

Address: SAME SAME

Treasurer: F. PATRICK McCONNELL

Address: SAME

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. Linda R. Sessler  
(Typed or printed name and capacity of person signing application)

Secretary of State  
Corporations Division  
Suite 315, West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 980760995  
CONTROL NUMBER : 9737252  
DATE INC/AUTH/FILED: 10/16/1997  
JURISDICTION : GEORGIA  
PRINT DATE : 03/17/1998  
FORM NUMBER : 211

CSC  
KEVIN G. JOHNSON  
100 PEACHTREE STREET, STE 660  
ATLANTA, GA 30303

**CERTIFICATE OF EXISTENCE**

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**LIFE OF GEORGIA AGENCY, INC.  
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Lewis A. Massey*

Lewis A. Massey  
Secretary of State

98 MAR 19 AM 9:33  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS