

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 814306 (7)

1. Corporation Name
COTTON STATES MUTUAL INSURANCE COMPANY



Principal Place of Business: 244 PERIMETER CENTER PARKWAY, N.E. P O BOX 105303 (30348) ATLANTA GA 30346
Mailing Address: 244 PERIMETER CENTER PARKWAY, N.E. P O BOX 105303 (30348) ATLANTA GA 30346

3. Date Incorporated or Qualified: 03/25/1960
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-0830930 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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
City & State: 28
Zip: 24 Country: 25 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 (2019) (12/95) DATE Registered Agent (2019) (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V FINCHER, ROBERT L. 9395 CLUBLANDS DRIVE ALPHARETTA GA	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD HOWARD, JOHN RIDLEY 1176 BROOKGATE WAY ATLANTA GA	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DC GASTON, W W 244 PERIMETER CTR PKWY ATLANTA, GA 0	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT MEADER, GARY W. 200 WALHALLA COURT ATLANTA GA	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VS COCKER, CINDY S. 4588 E. BROOKHAVEN DR. ATLANTA GA	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V HOLCOMBE, L. B. 5675 GOVE POINT RD ALPHARETTA GA	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME SWINSON, CINDY M.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William J. Barlow William J. Barlow; Vice/Controller (770) 391-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISBURSE

CR2E034 (12/95)