

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1960	
21	26	4. FEI Number 58-0830930		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHER, ROBERT L.	1.2 NAME	
STREET ADDRESS	9395 CLUBLANDS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOHN RIDLEY	2.2 NAME	
STREET ADDRESS	1176 BROOKGATE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTON, W W	3.2 NAME	
STREET ADDRESS	244 PERIMETER CTR PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 0	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADER, GARY W.	4.2 NAME	
STREET ADDRESS	200 WALHALLA COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINSON, CINDY M.	5.2 NAME	
STREET ADDRESS	4588 E. BROOKHAVEN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMBE, L. B.	6.2 NAME	
STREET ADDRESS	5675 GOVE POINT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	6.4 CITY-ST-ZIP	

14. I 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: *William J. Barlow* William J. Barlow, V.P./Controller 4/7/98 770-391-8827

CP2E034 (10/97)

*Cotton States Insurance
Principle Officers
1998*

Cotton States Insurance Group

John Ridley Howard
Chairman of the Board, President
and Chief Executive Officer
1176 Brookgate Way
Atlanta, Georgia 30319

Gary Warrington Meader, CPA
Senior Vice President - Chief Financial
Officer and Treasurer
200 Walhalla Court
Atlanta, Georgia 30360

Robert LeTourneau Fincher
Senior Vice President - Property and Casualty
9395 Clublands Drive
Alpharetta, Georgia 30201

William J. Barlow, CPA
Vice President - Controller
610 Ridgebrook Point
Roswell, Georgia 30075

Wendy M. Chamblee
Vice President - Human Resources
111 Ivy Chase Lane
Norcross, Georgia 30092

*Cotton States Insurance
Principle Officers
1998*

Cotton States Insurance Group (Continued)

Cindy M. Swinson, J.D.
Vice President /Secretary - General Counsel
4688 East Brookhaven Drive
Atlanta, Georgia 30319

Jim W. Davis, FLMI
Vice President - MIS
1126 Riverside Road
Buford, Georgia 30518

Harry V. Scott, Jr., CPCU
Vice President - Marketing
1793 Johnson Ferry Road
Atlanta, Georgia 30319

Cotton States Life Insurance Company

Norma Y. Christopher, FSA, MAAA
Vice President - Life Actuary
3062 Gant Quarters Circle
Marietta, Georgia 30068

Cotton States Life Insurance Company - Subsidiaries

CSI Brokerage Services, Inc.

R. Donald Henry, CLU
Vice President
2962 Moorings Parkway
Lithonia, Georgia 30058

Cotton States Marketing Resources, Inc.

*Cotton States Insurance
Principle Officers
1998*

R. Donald Henry, CLU
Director
2962 Moorings Parkway
Lithonia, Georgia 30058

Cotton States Mutual and Shield Insurance Companies

William Michael Cook
Vice President - Underwriting
1036 Thimblegate Court
Alpharetta, Georgia 30203

John W. Cook
Vice President - Claims
5945 Grand View Way
Suwanee, Georgia 30174