2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 814306

1. Entity Name
COTTON STATES MUTUAL INSURANCE COMPANY

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

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01312006 No Chg-P CRZE034 (11/05)

4. FEI Number
58-0830930
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAURER, BARBARA A
STREET ADDRESS	244 PERIMETER CENTER PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	VD
NAME	MAGERS, DAVID A
STREET ADDRESS	244 PERIMETER CENTER PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	SD
NAME	HARMON, PAUL M
STREET ADDRESS	244 PERIMETER CENTER PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	V
NAME	BARLOW, WILLIAM J
STREET ADDRESS	244 PERIMETER CENTER PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J Barlow VP & Finance 2/6/06 770-391-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #