

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814306

FILED
Apr 19, 2012
Secretary of State

Entity Name: COTTON STATES MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

13560 MORRIS RD, STE 4000
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1711 GE ROAD
BLOOMINGTON, IL 61704

New Mailing Address:

FEI Number: 58-0830930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BAURER, BARBARA A
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VD
Name: MAGERS, DAVID A
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: SD
Name: JACOBS, JAMES
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61701

Title: CD
Name: BOCK, KURT F
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VPC
Name: BOROWSKI, PETER J
Address: 1711 GE ROAD
City-St-Zip: BLOOMINGTON, IL 61704

Title: D
Name: COAN, GAYLORD
Address: 13560 MORRIS RD, STE4000
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER J BOROWSKI

VPC

04/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date