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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **814785** (2)  
1. Corporation Name  
**COTTON STATES LIFE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**244 PERIMETER CENTER PARKWAY, N.E.  
P.O. BOX 105300  
ATLANTA GEORGIA 30348**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/08/1960		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		58-0830929		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		7		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution			
24	25	29	30	<input type="checkbox"/>			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER OF FLORIDA, CAPITOL BUILDING, TALLAHASSEE FL 32304				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: \_\_\_\_\_  
(Specify title or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when re-electing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	W	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	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMBE, L. B	2.2 NAME	
STREET ADDRESS	5875 GROVE POINT RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALPHARETTA GA	2.4 CITY - ST - ZIP	
TITLE	DC	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 00000	3.4 CITY - ST - ZIP	
TITLE	PO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOHN RIDLEY	4.2 NAME	
STREET ADDRESS	1178 BROOKGATE WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADER, GARY W.	5.2 NAME	
STREET ADDRESS	200 WALHALLA COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, CINDY S.	6.2 NAME	
STREET ADDRESS	4588 E BROOKHAVEN DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	6.4 CITY - ST - ZIP	

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: *Cindy S. Coker* VICE PRESIDENT/SECRETARY  
 GENERAL COUNSEL  
(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR) (DATE) (Signature Printed #)

814785



*Cotton States Insurance Group*

**William W. Gaston, III**  
Chairman  
244 Perimeter Center Parkway  
Atlanta, Georgia 30346

**John Ridley Howard**  
President and Chief Executive Office  
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

**Leonard Bob Holcombe**  
Senior Vice President - Life Operations and Marketing  
5675 Grove Point Road  
Alpharetta, Georgia 30201

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

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

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*Cotton States Insurance Group (Continued)*

**Cindy S. Coker, J.D.**  
Vice President / Secretary - General Counsel  
4588 East Brookhaven Drive  
Atlanta, Georgia 30319

**Jim W. Davis, FLMI**  
Vice President - MIS  
1125 Riverside Road  
Buford, Georgia 30518

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

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*Cotton States Life Insurance Company*

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

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*Cotton States Life Insurance Company - Subsidiaries*

*CSL Brokerage Services, Inc.*

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

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*Cotton States Marketing Resources, Inc.*

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

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*Cotton States Mutual and Shield Insurance Companies*

**William Michael Cook**  
Vice President - Underwriting  
1055 Thimblegate Court  
Alpharetta, Georgia 30203

**John W. Cook**  
Vice President - Claims  
5946 Grand View Way  
Suwanee, Georgia 30174