


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

001376

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90086 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814785

1. Corporation Name
COTTON STATES LIFE INSURANCE COMPANY

Principal Place of Business 244 PERIMETER CENTER PARKWAY, N.E. P.O. BOX 105303 ATLANTA GEORGIA 30348	Mailing Address 244 PERIMETER CENTER PARKWAY, N.E. P.O. BOX 105303 ATLANTA GEORGIA 30348
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/08/1960	Applied For Not Applicable
4. FEI Number 58-0830929	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA,
 CAPITOL BUILDING,
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	WV <input type="checkbox"/> DELETE
NAME	FINCHER, ROBERT L.
STREET ADDRESS	9395 CLUBLANDS DIRVE
CITY-ST-ZIP	ALPHARETTA GA
TITLE	DC <input checked="" type="checkbox"/> DELETE
NAME	GASTON, W W
STREET ADDRESS	244 PERIMETER CTR PKWY
CITY-ST-ZIP	ATLANTA, GA 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOWARD, JOHN RIDLEY
STREET ADDRESS	1176 BROOKGATE WAY
CITY-ST-ZIP	ATLANTA GA
TITLE	VT <input type="checkbox"/> DELETE
NAME	MEADER, GARY W.
STREET ADDRESS	200 WALHALLA COURT
CITY-ST-ZIP	ATLANTA GA
TITLE	VS <input type="checkbox"/> DELETE
NAME	SWINSON, CINDY M.
STREET ADDRESS	4588 E BROOKHAVEN DR
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* 1/28/99 (770) 391-8600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)