

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90038 028 ***158.75

DOCUMENT # 814785

1. Entity Name

COTTON STATES LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

244 PERIMETER CENTER PARKWAY, N.E.
 P.O. BOX 105303
 ATLANTA GEORGIA 30348

244 PERIMETER CENTER PARKWAY, N.E.
 P.O. BOX 105303
 ATLANTA GEORGIA 30348-5303

Y U S A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0830929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | WV | <input type="checkbox"/> Delete |
| NAME | FINCHER, ROBERT L. | |
| STREET ADDRESS | 9395 CLUBLANDS DRIVE | |
| CITY-ST-ZIP | ALPHARETTA GA | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HOWARD, JOHN RIDLEY | |
| STREET ADDRESS | 1176 BROOKGATE WAY | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | VT | <input checked="" type="checkbox"/> Delete |
| NAME | MEADER, GARY W. | |
| STREET ADDRESS | 200 WALHALLA COURT | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | SWINSON, CINDY M. | |
| STREET ADDRESS | 4588 E BROOKHAVEN DR | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | William J. Barlow | |
| STREET ADDRESS | 610 Ridgebrook Point | |
| CITY-ST-ZIP | Roswell, GA | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | Wendy M. Chamblee | |
| STREET ADDRESS | 1438 Custis Court | |
| CITY-ST-ZIP | Atlanta, GA | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Barlow

Date

1/14/00

Daytime Phone #

770-391-8789

CR2E034 (9/99)