

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90167 049 \*\*\*158.75

UBR, 01 AI

**DOCUMENT # 814785**

1. Entity Name  
**COTTON STATES LIFE INSURANCE COMPANY**

|                                                                                                                                     |                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>244 PERIMETER CENTER PARKWAY, N.E.<br/>         P.O. BOX 105303<br/>         ATLANTA GA 30348</b> | Mailing Address<br><b>244 PERIMETER CENTER PARKWAY, N.E.<br/>         P.O. BOX 105303<br/>         ATLANTA GA 30348</b> |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                                            |         |                                                                                    |         |
|------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------|---------|
| 2. Principal Place of Business                                                                             |         | 3. Mailing Address                                                                 |         |
| Suite, Apt. #, etc.                                                                                        |         | Suite, Apt. #, etc.                                                                |         |
| City & State                                                                                               |         | City & State                                                                       |         |
| Zip                                                                                                        | Country | Zip                                                                                | Country |
| 4. FEI Number<br><b>58-0830929</b>                                                                         |         | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |         |                                                                                    |         |

|                                                                                                                                                               |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>INSURANCE COMMISSIONER OF FLORIDA,<br/>         CAPITOL BUILDING,<br/>         TALLAHASSEE FL 32304</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                                                                                                                       |                                                                                                                                         |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                                                         | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>W</b><br><b>FINCHER, ROBERT L.</b><br><b>9395 CLUBLANDS DRIVE</b><br><b>ALPHARETTA GA</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V</b><br><b>Harry V. Scott</b><br><b>1793 Johnson Ferry Road</b><br><b>Atlanta, GA 30319</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>HOWARD, JOHN RIDLEY</b><br><b>1178 BROOKGATE WAY</b><br><b>ATLANTA GA</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b><br><b>Roger W. Fisher</b><br><b>5124 Sapphire Drive</b><br><b>Marietta, GA 30068</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S</b><br><b>Wendy M. Chamblee</b><br><b>1438 Custis Court</b><br><b>Atlanta, GA 30338</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |

13. 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 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: Wendy Chamblee 1/9/01 (770) 391-8903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

| <u>NAME</u>         | <u>TITLE</u> | <u>ADDRESS</u>                                |
|---------------------|--------------|-----------------------------------------------|
| Carol D. Cherry     | D            | 1960 Womack Road, Dunwoody, GA 30338          |
| Gaylord O. Coan     | D            | 12270 Broadwell Road, Alpharetta, GA 30201    |
| Thomas A. Harris    | D            | 2045 Myrtlewood Drive, Montgomery, AL 36111   |
| Robert C. McMahan   | D            | 725 Registry Lane, Atlanta, GA 30342          |
| Darrell D. Pittard  | D            | 4270 West Club Lane, N.E., Atlanta, GA 30319  |
| Mathews D. Swift    | D            | 6005 Green Island Drive, Columbus, GA 31904   |
| E. Jenner Wood, III | D            | 2605 Red Valley Road, N.W., Atlanta, GA 30305 |

Attachments # 814785 7/3001