


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 814785 1. Entity Name COTTON STATES LIFE INSURANCE COMPANY	
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Principal Place of Business 244 PERIMETER CENTER PARKWAY, N.E. P.O. BOX 105303 ATLANTA, GA 30348	Mailing Address 244 PERIMETER CENTER PARKWAY, N.E. P.O. BOX 105303 ATLANTA, GA 30348
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07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-0830929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, JOHN RIDLEY 1176 BROOKGATE WAY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, HARRY V 1793 JOHNSON FERRY RD ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BARLOW, WILLIAM 610 RIDGEBROOK POINT ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHAMBLEE, WENDY M 1222 POTONAC RD ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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11/14/04-80003-009 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Chamblee 7/9/04 770/391-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #