

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90057 023 ***150.00



DOCUMENT # 814785
 1. Entity Name
COTTON STATES LIFE INSURANCE COMPANY

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01192006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent
 Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
 City **Plantation** **FL** Zip Code **33324**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAURER, BARBARA	
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, N.E.	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAGER, DAVID A	
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, N.E.	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARMON, PAUL M	
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, N.E.	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHAMBLEE, WENDY M	
STREET ADDRESS	1222 POTONAC RD	
CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARLOW, WILLIAM J	
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, N.E.	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blackburn, John D	
STREET ADDRESS	1701 Towanda Avenue	
CITY-ST-ZIP	Bloomington, IL 61702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David Magers, Sr. VP & CFO **309-821-3596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #