

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814785

FILED
Feb 26, 2008
Secretary of State

Entity Name: COTTON STATES LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

244 PERIMETER CENTER PARKWAY, N.E.
ATLANTA, GA 30348

Current Mailing Address:

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

New Mailing Address:

244 PERIMETER CENTER PARKWAY, N.E.
ATLANTA, GA 30348

FEI Number: 58-0830929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E TAINES STREET
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAURER, BARBARA
Address: 244 PERIMETER CENTER PARKWAY, N.E.
City-St-Zip: ATLANTA, GA 30346

Title: VD () Delete
Name: MAGER, DAVID A
Address: 244 PERIMETER CENTER PARKWAY, N.E.
City-St-Zip: ATLANTA, GA 30346

Title: SD () Delete
Name: HARMON, PAUL M
Address: 244 PERIMETER CENTER PARKWAY, N.E.
City-St-Zip: ATLANTA, GA 30346

Title: VPC () Delete
Name: BOROWSKI, PETER J
Address: 1705 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701 US

Title: SVPD () Delete
Name: WILLIAMS, DOYLE J
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701 US

Title: CD () Delete
Name: BLACKBURN, JOHN D
Address: 1701 TOWANDA AVE
City-St-Zip: BLOOMINGTON, IL 61702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. BOROWSKI

VPC

02/26/2008

Electronic Signature of Signing Officer or Director

_____ Date