

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814785

FILED  
Jan 04, 2010  
Secretary of State

Entity Name: COTTON STATES LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

Title: SD  
Name: JACOBS, JAMES M  
Address: 244 PERIMETER CENTER PARKWAY, N.E.  
City-St-Zip: ATLANTA, GA 30346

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PETER J. BOROWSKI

VPC

01/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date