

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814785

**Entity Name:** COTTON STATES LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

13560 MORRIS RD, STE 4000  
ALPHARETTA, GA 30004

**Current Mailing Address:**

1711 GE ROAD  
BLOOMINGTON, IL 61704 US

**FEI Number:** 58-0830929

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title GENERAL COUNSEL, SECRETARY, &  
CHIEF LEGAL OFFICER  
Name JENNIFER, VANCE L  
Address 1701 TOWANDA AVE  
City-State-Zip: BLOOMINGTON IL 61701

Title VICE PRESIDENT & CORPORATE  
CONTROLLER  
Name MYERS, JOEL  
Address 1711 GE ROAD  
City-State-Zip: BLOOMINGTON IL 61704

Title CHAIRMAN OF THE BOARD  
Name JAMES, JACOBS M  
Address 1701 TOWANDA AVE  
City-State-Zip: BLOOMINGTON IL 61702

Title TREASURER  
Name DODDS, ALAN K  
Address 1701 TOWANDA AVE  
City-State-Zip: BLOOMINGTON IL 61701

*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:** JOEL MYERS

**VICE PRESIDENT &  
CORPORATE  
CONTROLLER**

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date