

2014 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

FEI Number: 58-0830929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
1200 SOUTH PINE ISLAND RD
ATTN: CT CORP SYSTEM
PLANTATION, FL 33324 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 PRESIDENT
Name BAURER, BARBARA
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701

Title GENERAL COUNSEL, SECRETARY, &
 CHIEF LEGAL OFFICER
Name JACOBS, JAMES M
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701

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

Title VICE PRESIDENT & CHIEF
 MARKETING OFFICER
Name WILLIAMS, DOYLE J
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title CHAIRMAN OF THE BOARD
Name BOCK, KURT F
Address 1701 TOWANDA AVE
City-State-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: MILES KILCOIN

**VICE PRESIDENT &
CORPORATE
CONTROLLER**

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date