

2013 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	VICE PRESIDENT & CORPORATE CONTROLLER
Name	KILCOIN, MILES
Address	1711 GE ROAD
City-State-Zip:	BLOOMINGTON IL 61704

Title	CHAIRMAN OF THE BOARD
Name	BOCK, KURT F
Address	1701 TOWANDA AVE
City-State-Zip:	BLOOMINGTON IL 61702

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

Title	VICE PRESIDENT & CHIEF MARKETING OFFICER
Name	WILLIAMS, DOYLE J
Address	1701 TOWANDA AVENUE
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: MILES KILCOINVICE PRESIDENT &
CORPORATE
CONTROLLER

04/22/2013

Electronic Signature of Signing Officer/Director Detail_____
Date