

2022 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

Title CFO
Name KILCOIN, MILES
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 PRES & CORP
CONTROLLER**

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date