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FILED  
Jun 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 814306 (7)

1. Corporation Name

COTTON STATES MUTUAL INSURANCE COMPANY

Principal Place of Business

244 PERIMETER CENTER PARKWAY, N.E.  
P O BOX 105303 (30348)  
ATLANTA GA 30348

Mailing Address

244 PERIMETER CENTER PARKWAY, N.E.  
P O BOX 105303 (30348)  
ATLANTA GA 30346-2302

3. Date Incorporated or Qualified

03/25/1960

3a. Date of Last Report

06/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-0830930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
FINCHER, ROBERT L.  
8395 CLUBLANDS DRIVE  
ALPHARETTA GA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
HOWARD, JOHN RIDLEY  
1176 BROOKGATE WAY  
ATLANTA GA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC  
GASTON, W W  
244 PERIMETER CTR PKWY  
ATLANTA, GA 0

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VT  
MEADER, GARY W.  
200 WALHALLA COURT  
ATLANTA GA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS  
SWINSON, CINDY M.  
4588 E. BROOKHAVEN DR.  
ATLANTA GA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
HOLCOMBE, L. B.  
5875 GOVE POINT RD  
ALPHARETTA GA

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Barlow: Vice President/Controller

CR2E034 (9/96)