

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90086 043 ***158.75

DOCUMENT # 814306

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 30346

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1960

4. FEI Number

58-0830930

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	FINCHER, ROBERT L.	
STREET ADDRESS	9395 CLUBLANDS DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWARD, JOHN RIDLEY	
STREET ADDRESS	1176 BROOKGATE WAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	GASTON, W W	
STREET ADDRESS	244 PERIMETER CTR PKWY	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MEADER, GARY W.	
STREET ADDRESS	200 WALHALLA COURT	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SWINSON, CINDY M.	
STREET ADDRESS	4588 E. BROOKHAVEN DR.	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

(770) 391-8600

Daytime Phone #

CR2E034 (1/98)