

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 814306

1. Entity 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

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-0830930

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
- - - Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BAURER, BARBARA A
STREET ADDRESS	244 PERIMETER CENTER PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	VD
NAME	MAGERS, DAVID A
STREET ADDRESS	244 PERIMETER CENTER PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	SD
NAME	HARMON, PAUL M
STREET ADDRESS	244 PERIMETER CENTER PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	CD
NAME	BLACKBURN, JOHN D
STREET ADDRESS	1701 TOWANDA AVENUE
CITY-ST-ZIP	BLOOMINGTON, IL 61702
TITLE	VPC
NAME	BOROWSKI, PETER J
STREET ADDRESS	1705 TOWANDA AVENUE
CITY-ST-ZIP	BLOOMINGTON, IL 61701
TITLE	VP
NAME	SHAY, GARY
STREET ADDRESS	244 PERIMETER CENTER PARKWAY NE
CITY-ST-ZIP	ATLANTA, GA 30346

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-CORPORATE CONTROLLER 1-11-08 (304) 821-3596

Date

Daytime Phone #