

814785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

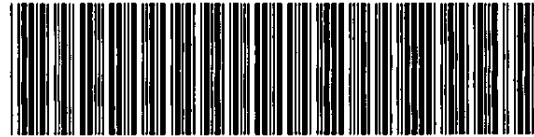
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/08/17--01017--015 \*\*35.00

S. TALLENT

MAY 18 2017

R/A-CH

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY -8 AM 10:50

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cotton States Life Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 814785

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Johnson

Name of Contact Person

Firm/Company

1711 GE Road

Address

Bloomington, IL 61704

City/State and Zip Code

jodi.johnson@countryfinancial.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Johnson

Name of Contact Person

at ( 309 ) 821-3984

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COTTON STATES LIFE INSURANCE COMPANY
2. The principal office address: 13560 MORRIS RD, SUITE 4000  
ALPHARETTA, GA 30004
3. The mailing address (if different): 1711 GE ROAD  
BLOOMINGTON, IL 61704
4. Date of incorporation/qualification: 10/06/1994 Document number: 814785
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHIEF FINANCIAL OFFICER

1200 SOUTH PINE ISLAND RD, ATTN: CT CORP SYSTEM

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CORPORATION SERVICE COMPANY

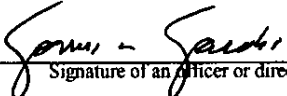
1201 HAYS STREET

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

James M. Jacobs, General Counsel, Secretary, & Chief Legal Officer

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

by:   
Signature of Registered Agent

5-1-2017  
Date

If signing on behalf of an entity:

CAROLYN VALLE  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*