

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211521183

1.) CORPORATION NAME:

**COTTON STATES LIFE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

DUE DATE: **10/31/2011**

SCC ID NO: **F1055567**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13560 MORRIS ROAD, STE 4000

CITY/ST/ZIP: ALPHARETTA, GA 30004-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BARBARA A BAURER  
TITLE: P/VC  
ADDRESS: 1701 TOWANDA AVENUE  
PO BOX 2901  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61702-2901

OFFICER

DIRECTOR

NAME: DAVID A MAGERS  
TITLE: EXEC VP/CFO  
ADDRESS: 1701 TOWANDA AVENUE  
PO BOX 2901  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61702-2901

OFFICER

DIRECTOR

NAME: ALAN K DODDS  
TITLE: TREASURER  
ADDRESS: 1701 TOWANDA AVENUE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61702-

OFFICER

DIRECTOR

NAME: MATTHEW J KOPFF  
TITLE: Assc Contr  
ADDRESS: 1711 GE ROAD  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MATTHEW J KOPFF

MATTHEW J KOPFF, Assc Contr

9/14/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.