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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:17

DOCUMENT # 818162 (0)

1. Corporation Name
UNITED FARM BUREAU FAMILY LIFE INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| ATTN: JOHN C. HAND<br>P O BOX 1250<br>INDIANAPOLIS INDIANA 46206 | ATTN: JOHN C. HAND<br>P O BOX 1250<br>INDIANAPOLIS INDIANA 46206 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1964
3a. Date of Last Report: 01/28/1994
4. FEI Number: 35-1097117 (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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

ELLISON,ROBERT W
21 SW 40TH AVE
FORT LAUDERDALE FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VCS | 1.1 TITLE | ☒ Change | ☐ Addition |
| NAME | HAND, JOHN | 1.2 NAME | | |
| STREET ADDRESS | 7071 WARWICK DR | 1.3 STREET ADDRESS | 7802 Bayshore Drive | |
| CITY-ST-ZIP | INDIANAPOLIS, IN 00000 | 1.4 CITY-ST-ZIP | | |
| TITLE | EV | 2.1 TITLE | ☐ Change | ☐ Addition |
| NAME | TURBEVILLE, CLYDE | 2.2 NAME | | |
| STREET ADDRESS | 9472 TAMARACK DR | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 2.4 CITY-ST-ZIP | | |
| TITLE | V | 3.1 TITLE | ☐ Change | ☐ Addition |
| NAME | MARTIN, JOSEPH A | 3.2 NAME | | |
| STREET ADDRESS | 215 HILLVIEW DR | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARTINSVILLE IN | 3.4 CITY-ST-ZIP | | |
| TITLE | V | 4.1 TITLE | ☐ Change | ☐ Addition |
| NAME | DUGAN, JOSEPH M. | 4.2 NAME | | |
| STREET ADDRESS | 604 JESSUP ROAD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLAINFIELD IN | 4.4 CITY-ST-ZIP | | |
| TITLE | V | 5.1 TITLE | ☐ Change | ☐ Addition |
| NAME | CAMPBELL, WILLIAM A. | 5.2 NAME | | |
| STREET ADDRESS | 21578 DUNBAR ROAD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SHERIDAN IN | 5.4 CITY-ST-ZIP | | |
| TITLE | VAS | 6.1 TITLE | ☒ Change | ☐ Addition |
| NAME | POEHLER, PATRICIA A | 6.2 NAME | | |
| STREET ADDRESS | 624 E. CHARIOT LANE | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS, FL 00000 | 6.4 CITY-ST-ZIP | Indianapolis, IN | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John C. Hand John C. Hand February 1, 1995 (317) 692-7312
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476818 FP

**UNITED FARM BUREAU FAMILY LIFE INSURANCE COMPANY**
**225 SOUTH EAST STREET**
**INDIANAPOLIS, IN 46202**

| Title | Officers and Directors | Street Address | City and State |
|---|---|---|---|
| V/C/S | Hand, John C. | 7802 Bayshore Drive | Indianapolis, IN |
| V | Turbeville, Clyde | 9472 Tamarack Drive | Indianapolis, IN |
| V | Shepherd, Carl | 10748 Royal Drive | Carmel, IN |
| V | Campbell, William A. | 21578 Dunbar Road | Sheridan, IN |
| V | Dugan, Joseph M. | 604 W. Jessup Road | Plainfield, IN |
| V | Martin, Joseph A. | 215 Hillview Drive | Martinsville, IN |
| V/A/S | Poehler, Patty | 624 East Chariot Lane | Indianapolis, IN |
| V | Freeman, Jeffrey N. | 1624 Valleybrook Drive | Indianapolis, IN |
| P/D | Pearson, Harry L. | 5901 North 200 West | Hartford City, IN |
| V/D | Henderson, Donald E. | 211 West Street | Pendleton, IN |
| D | Hegel, Carolyn | 3330 North 650 East | Andrews, IN |
| D | Bode, Wayne E. | Rural Route 1 | Kewanna, IN |
| D | Zimmerman, Michael, Jr. | 2993 West 1250 North | Milford, IN |
| D | Funk, Merlin D. | Route 1, Box 259-A | Royal Center, IN |
| D | Boys, Larry V. | Route 1 | Peru, IN |
| D | Sharma, Rita L. | Route 3, Box K1 | Williamsport, IN |
| D | Likens, Herbert G. | 7609 West 300 North | Anderson, IN |
| D | Badger, Lowell | Route 1, Box 37 | Merom, IN |
| D | Ketner, Paul A. | 16500 East 400 North | Hope, IN |
| D | Arburn, Jerry W. | Rural Route 2, Box 86 | Princeton, IN |
| D | Borcherding, Arvel J. | 8640 North CR 100 East | Seymour, IN |