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Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortbam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **818162** (0)
1. Corporation Name
UNITED FARM FAMILY LIFE INSURANCE COMPANY

Principal Place of Business JONGLEUX, LYNN POB 1250 INDIANAPOLIS INDIANA 46206 US	Mailing Address JONGLEUX, LYNN POB 1250 INDIANAPOLIS INDIANA 46206 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/08/1964

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 35-1097117 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GCS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONGLEUX, LYNN B.	1.2 NAME	
STREET ADDRESS	7792 HOLLIDAY DRIVE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDING, GARY T	2.2 NAME	
STREET ADDRESS	3806 SOUTH CR 550 EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBURG IN 47240	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORYA, GEORGE E	3.2 NAME	
STREET ADDRESS	7840 SOUTH HIGHWAY 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	COMMISKEY IN 47227	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, JOSEPH M.	4.2 NAME	DUGAN, JOSEPH M.
STREET ADDRESS	28 RACCOON COURT	4.3 STREET ADDRESS	28 RACCOON COURT
CITY-ST-ZIP	BROWNSBURG IN 46226	4.4 CITY-ST-ZIP	BROWNSBURG, IN 46112
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, WILLIAM A.	5.2 NAME	
STREET ADDRESS	5250 HAWTHORNE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46226	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POEHLER, PATRICIA A	6.2 NAME	POEHLER, PATRICIA A.
STREET ADDRESS	624 E. CHARIOT LANE	6.3 STREET ADDRESS	624 EAST CHARIOT LANE
CITY-ST-ZIP	INDIANAPOLIS IN	6.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46227

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.

SIGNATURE *Sandra B. Mortbam* **3/18/98** (217) 692-7502

CR2E034 (10/97)

1998 Florida Profit Corporation Annual Report (CONTINUED)

United Farm Family Life Insurance Company
225 South East Street
P. O. Box 1250
Indianapolis, IN 46206-1250

#12 -- All Officers and Directors

<u>Title</u>	<u>Officers & Directors</u>	<u>Street Address</u>	<u>City, State & Zip Code</u>
P/D	Pearson, Harry L.	5901 North 200 West	Hartford City, IN 47348
V/D	Arburn, Jerry W.	Rural Route 2, Box 86	Princeton, IN 47670
EV	Frenchak, Harry N.	8153 Lower Bay Lane	Indianapolis, IN 46236
V	Shepherd, Carl L.	10748 Royal Drive	Carmel, IN 46032
V/T	Martin, Joseph A.	215 Hillview Drive	Martinsville, IN 46151
V	Campbell, William A.	5250 Hawthorne Drive	Indianapolis, IN 46226
V/AS	Poehler, Patricia A.	624 East Chariot Lane	Indianapolis, IN 46227
V	Dugan, Joseph M.	28 Raccoon Court	Brownsburg, IN 46112
V	Rink, James P.	819 Balroyal Court	Indianapolis, IN 46234
V	Freeman, Jeffrey N.	1624 Valley Brook Drive	Indianapolis, IN 46229
S	Jongleux, Lynn B.	7792 Holliday Drive East	Indianapolis, IN 46260
D	Hegel, Carolyn M.	3330 North 650 East	Andrews, IN 46702
D	Herrold, Robert C.	7306 South SR 17	Kewanna, IN 46939
D	Yoder, Martin L.	13519 CR 20	Middlebury, IN 46540
D	Funk, Merlin D.	6944 North CR 700 West	Royal Center, IN 46978
D	Boys, Larry V.	5744 Spruce Knoll Court	Indianapolis, IN 46220
D	Sharma, Rita L.	2024 West 125 South	Williamsport, IN 47993
D	Likens, Herbert G.	7609 West 300 North	Anderson, IN 46011
D	Kron, Randall C. W.	17425 Owensville Road	Evansville, IN 47720
D	Reding, Gary T.	3806 South CR 550 East	Greensburg, IN 47240
D	Corya, George E.	7840 South Hwy 3	Commiskey, IN 47227
D	Villwock, Donald B.	15810 East SR 358	Edwardsport, IN 47528