

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90026 049 ***150.00

DOCUMENT # 818162

1. Entity Name

UNITED FARM FAMILY LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

JONGLEUX, LYNN
 POB 1250
 INDIANAPOLIS INDIANA 46206
 US

JONGLEUX, LYNN
 POB 1250
 INDIANAPOLIS INDIANA 46206-1250
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1097117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONGLEUX, LYNN B. 7792 HOLLIDAY DRIVE EAST INDIANAPOLIS IN 46260	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDING, GARY T 3806 SOUTH CR 550 EAST GREENSBURG IN 47240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORYA, GEORGE E 7840 SOUTH HIGHWAY 3 COMMISKEY IN 47227	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUGAN, JOSEPH M 28 RACoon CT BROWNSBURG IN 46112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, WILLIAM A. 5250 HAWTHORNE DRIVE INDIANAPOLIS IN 46226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POEHLER, PATRICIA A 624 E CHARIOT LN INDIANAPOLIS IN 46227	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn B. Jongleux
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 24, 2000 (317) 692-7503

Date

Daytime Phone #

Lynn B. Jongleux

2000 Florida Profit Corporation Annual Report**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	Villwock, Donald B.	15810 East-SR-358	Edwardsport, IN 47528
EV	Frenchak, Harry N.	8153 Lower Bay Lane	Indianapolis, IN 46236
V	Shepherd, Carl L.	10748 Royal Drive	Carmel, IN 46032
V/AS	Martin, Joseph A.	1815 Foxcliff North	Martinsville, IN 46151
V	Poehler, Patricia A.	624 East Chariot Lane	Indianapolis, IN 46227
V	Brockman, Stephen J.	180 Charing Cross Court	Noblesville, IN 46060
V/T	Freeman, Jeffrey N.	10683 North Hoosier Road	Fishers, IN 46038
GC/S	Jongleux, Lynn B.	7792 Holliday Drive East	Indianapolis, IN 46260
V	Johnson, Victor A.	532 North Woodfield Drive	Carmel, IN 46033
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	Donson, Carolyn J.	7636 East 300 North	Kokomo, IN 46901
D	Sharma, Rita L.	2024 West 125 South	Williamsport, IN 47993
D	Fidler, Sheryl L.	1377 West Stockyard Road	Winchester, IN 47394
D	Kron, Randall C.	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	Brown, Dale E.	Route 1, Box 71A	Shoals, IN 47581