


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 818162</b> 1. Entity Name <b>UNITED FARM FAMILY LIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>JONGLEUX, LYNN POB 1250 INDIANAPOLIS, IN 46206 US</b>	Mailing Address <b>JONGLEUX, LYNN POB 1250 INDIANAPOLIS, IN 46206 US</b>
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06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>35-1097117</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GCS JONGLEUX, LYNN B. 7792 HOLLIDAY DRIVE EAST INDIANAPOLIS, IN 46260</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REDING, GARY T 3806 SOUTH CR 550 EAST GREENSBURG, IN 47240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CORYA, GEORGE E 7840 S STATE HWY 3 COMMISKEY, IN 47227</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V POEHLER, PATRICIA A 624 E CHARIOT LN INDIANAPOLIS, IN 46227</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, DALE E RT 1 BOX 71A SHOALS, IN 47581</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CULP, KENDELL 3598 S 150TH W RENSSELAER, IN 47978</b>

000000163301  
07/06/04-80007-025 550.00

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lynn B. Jongleux **Lynn B Jongleux** **6/30/04** **317-692-7503**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #