

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 818162

1. Entity Name  
UNITED FARM FAMILY LIFE INSURANCE COMPANY



Principal Place of Business  
JONGLEUX, LYNN  
POB 1250  
INDIANAPOLIS, IN 46206 US

Mailing Address  
JONGLEUX, LYNN  
POB 1250  
INDIANAPOLIS, IN 46206 US



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-1097117

Applied For  
Not Applicable

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GCS  
JONGLEUX, LYNN B.  
7792 HOLLIDAY DRIVE EAST  
INDIANAPOLIS, IN 46260

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REDING, GARY T  
3806 SOUTH CR 550 EAST  
GREENSBURG, IN 47240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CORYA, GEORGE E  
7840 S STATE HWY 3  
COMMISKEY, IN 47227

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
POEHLER, PATRICIA A  
624 E CHARIOT LN  
INDIANAPOLIS, IN 46227

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWN, DALE E  
RT 1 BOX 71A  
SHOALS, IN 47581

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CULP, KENDELL  
3598 S 150TH W  
RENSSELAER, IN 47978

U000000298279  
04/11/05-80062-010 150.00

**DO NOT WRITE  
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)(f), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

317-692-7503

Date

Daytime Phone #

Lynn B. Jongleux, Secretary