


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90084 022 \*\*\*150.00

<b>DOCUMENT # 818162</b> 1. Entity Name <b>UNITED FARM FAMILY LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>JONGLEUX, LYNN</b> <b>POB 1250</b> <b>INDIANAPOLIS, IN 46206 US</b>			Mailing Address <b>JONGLEUX, LYNN</b> <b>POB 1250</b> <b>INDIANAPOLIS, IN 46206 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>35-1097117</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ELLISON, ROBERT W</b> <b>21 SW 40TH AVE</b> <b>FORT LAUDERDALE, FL</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GCS</b> <b>JONGLEUX, LYNN B.</b> <b>7792 HOLLIDAY DRIVE EAST</b> <b>INDIANAPOLIS, IN 46260</b> <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	<b>D</b> <b>RACON, MARK E</b> <b>3175 W 1050 S</b> <b>MILROY, IN 46156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RACON, MARK E</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHICKEL, ROBERT L.</b> <b>6950 CORYDON RIDGE RD NE</b> <b>LANESVILLE, IN 47136</b> <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	<b>V</b> <b>POEHLER, PATRICIA A</b> <b>624 E CHARIOT LN</b> <b>INDIANAPOLIS, IN 46227</b> <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	<b>D</b> <b>BROWN, DALE E</b> <b>RT 1 BOX 71A</b> <b>SHOALS, IN 47581</b> <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	<b>D</b> <b>CULP, KENDELL</b> <b>3598 S 150TH W</b> <b>RENSSELAER, IN 47978</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Lynn B. Jongleux</u> <b>Lynn B. Jongleux</b> 3/23/2007 317-692-7503 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40046755  
#818162

**ADDITIONAL DIRECTORS AND OFFICERS**

**UNITED FARM FAMILY LIFE INSURANCE COMPANY**

D

Kendall Culp  
3598 South CR 150 West  
Rennselaer, IN 47978

D

Carolyn J. Donson  
7636 East 300 North  
Kokomo, IN 46901

D

Sheryl L. Fidler  
1377 West Stockyard Road  
Winchester, IN 47394

D

Isabella F. Chism  
3185 W. 600N  
Galveston, IN 46932

D

Larry J. Jernas  
0200 E. 400N  
Knox, IN 46534-9445

DV

Randall C.W. Kron  
17425 Owensville Road  
Evansville, IN 47720

D

Donald D. Lawson  
4919 Serum Plant Road  
Thorntown, IN 46071

D

Erna J. Lloyd  
6557 N. Orchard Road  
Chrisney, IN 47611

DP

Donald B. Villwock  
15810 East SR 358  
Edwardsport, IN 47528

D

Kerry J. Goshert  
7132 S. 1300 W  
Mentone, IN 46539

EV

J. Jerry Canada  
2747 Woodwind Way  
Indianapolis, IN 46268

V

Gregory J. Clancy  
12839 Portage Way  
Fishers, IN 46038

VAS

Jeffrey N. Freeman  
10683 North Hoosier Road  
Fishers, IN 46038

VT

Joseph A. Martin  
2640 Old State Road 37N  
Martinsville, IN 46151

V

Carl L. Shepherd  
10748 Royal Drive  
Carmel, IN 46032

AS

Mark R. Sigler  
6730 W. SR 128  
Frankton, IN 46044