

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 013 ***150.00

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**

DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

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, 2008 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
BACON, MARK E
3175 W 1050 S
MILROY, IN 46156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHICKEL, ROBERT L
6950 CORYDON RIDGE RD NE
LANESVILLE, IN 47136**

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**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Lynn B. Jongleux

4/2/2008

317-692-7503

Lynn B. Jongleux, Senior Vice President, General Counsel and Secretary

ATTACHMENT

40061888

#818162

ADDITIONAL DIRECTORS AND OFFICERS

UNITED FARM FAMILY LIFE INSURANCE COMPANY

D

Steven A. Maple
312 E. State Road 18
Kokomo, IN 46901-7541

EV

J. Jerry Canada
2747 Woodwind Way
Indianapolis, IN 46268

D

Scott T. Trennepohl
9268 N. Rainer Road
Middleton, IN 47356

V

Gregory J. Clancy
12839 Portage Way
Fishers, IN 46038

D

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

VAS

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

D

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

VT

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

DV

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

V

Carl L. Shepherd
10748 Royal Drive
Carmel, IN 46032

D

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

AS

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

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