

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818162

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** UNITED FARM FAMILY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

JONGLEUX, LYNN  
225 S EAST STREET  
INDIANAPOLIS, IN 46202 US

**New Principal Place of Business:**

225 S EAST STREET  
INDIANAPOLIS, IN 46202 US

**Current Mailing Address:**

JONGLEUX, LYNN  
225 S EAST STREET  
INDIANAPOLIS, IN 46202 US

**New Mailing Address:**

225 S EAST STREET  
INDIANAPOLIS, IN 46202 US

**FEI Number:** 35-1097117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** GCS  
**Name:** JONGLEUX, LYNN B.  
**Address:** 7792 HOLLIDAY DRIVE EAST  
**City-St-Zip:** INDIANAPOLIS, IN 46260 US

**Title:** D  
**Name:** BACON, MARK E  
**Address:** 3175 W 1050 S  
**City-St-Zip:** MILROY, IN 46156 US

**Title:** D  
**Name:** SCHICKEL, ROBERT L  
**Address:** 6950 CORYDON RIDGE RD NE  
**City-St-Zip:** LANESVILLE, IN 47136 US

**Title:** DP  
**Name:** VILLWOCK, DONALD B  
**Address:** 11600 N FREELANDVILLE ROAD  
**City-St-Zip:** EDWARDSPOORT, IN 4752 US

**Title:** D  
**Name:** GORMONG, JEFFREY A  
**Address:** 440 W STATE ROAD 246  
**City-St-Zip:** FARMERSBURG, IN 478509447 US

**Title:** D  
**Name:** CULP, KENDELL  
**Address:** 3598 S 150TH W  
**City-St-Zip:** RENSSELAER, IN 47978 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LYNN B JONGLEUX

S

04/01/2010

Electronic Signature of Signing Officer or Director

Date