2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# 818162

Entity Name: UNITED FARM FAMILY LIFE INSURANCE COMPANY

Current Principal Place of Business:

225 S EAST STREET
INDIANAPOLIS, IN 46202 US

New Principal Place of Business:

Current Mailing Address:

225 S EAST STREET
INDIANAPOLIS, IN 46202 US

New Mailing Address:

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

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: EDWARDSPORT, 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 SEC 03/28/2011

Electronic Signature of Signing Officer or Director Date