

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000035

FILED
May 01, 2006
Secretary of State

Entity Name: COUNTRY CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

1701 N. TOWANDA AVENUE
BLOOMINGTON, IL 61701

New Principal Place of Business:

Current Mailing Address:

PO BOX 2100
BLOOMINGTON, IL 617022100

New Mailing Address:

FEI Number: 37-0855395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, PHILIP T
Address: 1701 N. TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VP () Delete
Name: GUEBERT, RICHARD L JR
Address: 1701 N. TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: CEO () Delete
Name: BLACKBURN, JOHN D
Address: 1701 N. TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: EVP () Delete
Name: BAURER, BARBARA A
Address: 1701 N. TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: SVP () Delete
Name: MAGERS, DAVID A
Address: 1701 N. TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: SVPC () Delete
Name: BOROWSKI, PETER J
Address: 1701 N. TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVE MCCOIN

AC

05/01/2006

Electronic Signature of Signing Officer or Director

Date