2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400000035

Entity Name: COUNTRY CASUALTY INSURANCE COMPANY

FILED Apr 19, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1701 N. TOWANDA AVENUE BLOOMINGTON, IL 61701

Current Mailing Address: New Mailing Address:

PO BOX 2100 1711 GE ROAD

BLOOMINGTON, IL 617022100 BLOOMINGTON, IL 61704

FEI Number: 37-0855395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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:

Name: NELSON, PHILIP T

Address: 1701 N. TOWANDA AVENUE City-St-Zip: BLOOMINGTON, IL 61701

Title: VP

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

Title: CEO

Name: BLACKBURN, JOHN D Address: 1701 N. TOWANDA AVENUE City-St-Zip: BLOOMINGTON, IL 61701

Title: COO

Name: BAURER, BARBARA A
Address: 1701 N. TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: CFO

Name: MAGERS, DAVID A

Address: 1701 N. TOWANDA AVENUE City-St-Zip: BLOOMINGTON, IL 61701

Title: VPC

 Name:
 BOROWSKI, PETER J

 Address:
 1701 N. TOWANDA AVENUE

 City-St-Zip:
 BLOOMINGTON, IL 61701

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: PETER J BOROWSKI VPC 04/19/2011