

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # F04000000036

1. Entity Name
COUNTRY MUTUAL INSURANCE COMPANY



Principal Place of Business
**1701 N TOWANDA AVENUE
BLOOMINGTON, IL 61701**

Mailing Address
**PO BOX 2100
BLOOMINGTON, IL 61702-2100**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-0807507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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, 2005 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
**P
NELSON, PHILIP T
1701 N TOWANDA AVENUE
BLOOMINGTON, IL 61701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GUEBERT, RICHARD L JR
1701 N TOWANDA AVENUE
BLOOMINGTON, IL 61701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
BLACKBURN, JOHN D
1701 N TOWANDA AVENUE
BLOOMINGTON, IL 61701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
BAURER, BARBARA A
1701 N TOWANDA AVENUE
BLOOMINGTON, IL 61701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MAGERS, DAVID A
1701 N TOWANDA AVENUE
BLOOMINGTON, IL 61701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
BOROWSKI, PETER J
1701 N TOWANDA AVENUE
BLOOMINGTON, IL 61701**

**DO NOT WRITE
IN THIS SPACE**

1100000183642
01/19/05-80075-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Peter J. Borowski

1-2-05

309-821-3596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #