

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000037

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** COUNTRY PREFERRED 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:**

1711 GE ROAD  
BLOOMINGTON, IL 61704

**FEI Number:** 44-0652707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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:** P  
**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 JR  
**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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date