

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000038

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** COUNTRY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1701 N. TOWANDA  
BLOOMINGTON, IL 61701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2000  
BLOOMINGTON, IL 617022000

**New Mailing Address:**

**FEI Number:** 37-0808781

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: VPC  
Name: BOROWSKI, PETER J  
Address: 1701 N. TOWANDA  
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

01/04/2010

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

\_\_\_\_\_ Date