

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000038

FILED
Apr 19, 2011
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:

1711 GE ROAD
BLOOMINGTON, IL 61704

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

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

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date