

F04000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

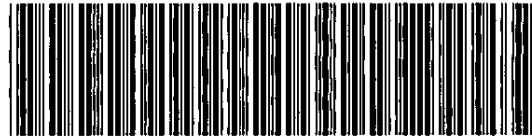
(Business Entity Name)

(Document Number)

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MAY 18 2017

RIA-CH

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 MAY -8 AM 11:07

FILED

James M. Jacobs, General Counsel & Secretary
Jennifer L. Vance, Deputy General Counsel

Office of the General Counsel

Brian G. Cahill, Senior Counsel
Andrew S. Bender, Senior Counsel
Laura A. Harmon, Senior Counsel
Linda B. Potts, Senior Counsel
Wendy H. Schaffer, Senior Counsel

May 2, 2017

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Kathy R. Chamberlain
Colin M. Haley
Samuel A. Hans
Joy L. Henderson
Dawn M. Jones
Kristen L. Kroger
Amber M. Messer
Neil J. Napolitano
John R. Novack
John P. O'Brien
Ryan M. Olson
Garrett W. Thalgott
Scott F. Walls
Christopher M. Webb
A.J. Zimmerman

Re: Statement of Change of Registered Office or Registered Agent or
Both Forms COUNTRY Life Insurance Company and Cotton States Life
Insurance Company

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for
Cotton States Life Insurance Company and Country Life Insurance Company. You will also find
checks for the filing fee for each company.

If you have any questions or need additional information, please feel free to contact our office.

Very truly yours,

OFFICE OF THE GENERAL COUNSEL



Noël Stutzman
Paralegal

Enclosures

ILLINOIS AGRICULTURAL ASSOCIATION* and AFFILIATED COMPANIES
1701 Towanda Avenue/P. O. Box 2901/Bloomington, Illinois 61702-2901
Telephone: 309/557-2542 - To call writer direct: 309/557-2638
Internet E-Mail: nstutzman@ifab.org
Fax: 309/557-2612

Agricultural Support Association • CC Services, Inc. • Cotton States Life Insurance CompanySM • COUNTRY[®] Capital Management Company • COUNTRY
Casualty Insurance Company[®] • COUNTRY Investors Life Assurance Company[®] • COUNTRY Life Insurance Company[®] • COUNTRY[®] Mutual Funds Trust •
COUNTRY Mutual Insurance Company[®] • COUNTRY Preferred Insurance Company[®] • COUNTRY Trust Bank[®] • East Side Jersey Dairy, Inc. • Holyoke Mutual
Insurance Company in Salem • Holyoke of Salem Insurance Agency, Inc. • IAA Credit UnionSM • IAA Foundation • Ice Cream Specialties, Inc. • Illinois
Agricultural Auditing Association • Illinois Agricultural Holding Co. • Illinois Agricultural Service Company • Middlesex Mutual Assurance Company • Midfield
Corporation • Modern Service Insurance Company • PFD Supply Corporation • Prairie Farms Dairy, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COUNTRY Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: F04000000038

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Johnson
Name of Contact Person

Firm/Company

1711 GE Road
Address

Bloomington, IL 61704
City/State and Zip Code

jodi.johnson@countryfinancial.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Johnson at (309) 821-3984
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of ILLINOIS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COUNTRY LIFE INSURANCE COMPANY
2. The principal office address: 1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/23/2003 Document number: F04000000038

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHIEF FINANCIAL OFFICER
1200 SOUTH PINE ISLAND RD, ATTN: CT CORP SYSTEM
PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CORPORATION SERVICE COMPANY
1201 HAYS STREET
P.O. Box NOT acceptable
TALLAHASSEE, FL 32301

FILED
17 MAY - 8 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

James M. Jacobs
Signature of an officer or director

James M. Jacobs, General Counsel, Secretary, & Chief Legal Officer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

by: *Carolyn Valle* Asst. Sec.
Signature of Registered Agent

5-1-17
Date

If signing on behalf of an entity:

Carolyn Valle
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)