

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000000644

1. Entity Name
COUNTRY INVESTORS LIFE ASSURANCE COMPANY



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

Mailing Address
P.O. BOX 2000
BLOOMINGTON, IL 61702-2000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006 REIN-P CR2E098 (11/05)

4. FEI Number
37-1106268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME NELSON, PHILIP T
STREET ADDRESS 1701 N. TOWANDA AVENUE
CITY-ST-ZIP BLOOMINGTON, IL 61701

TITLE V ☐ Delete
NAME GUEBERT, RICHARD L JR
STREET ADDRESS 1701 N. TOWANDA AVENUE
CITY-ST-ZIP BLOOMINGTON, IL 61701

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

TITLE EVCO ☐ Delete
NAME BAURER, BARBARA A
STREET ADDRESS 1701 N. TOWANDA AVENUE
CITY-ST-ZIP BLOOMINGTON, IL 61701

TITLE SVCF ☐ Delete
NAME MAGERS, DAVID A
STREET ADDRESS 1701 N. TOWANDA AVENUE
CITY-ST-ZIP BLOOMINGTON, IL 61701

TITLE SV ☐ Delete
NAME FRAUTSHI, DEANNA L
STREET ADDRESS 1701 N. TOWANDA AVENUE
CITY-ST-ZIP BLOOMINGTON, IL 61701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100081303521
STREET ADDRESS 10/27/06--01058--011 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-06

FILED

2006 OCT 27 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/31/06