

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 818162

**Entity Name:** UNITED FARM FAMILY LIFE INSURANCE COMPANY**Current Principal Place of Business:**225 S EAST STREET  
INDIANAPOLIS, IN 46202**Current Mailing Address:**225 S EAST STREET  
INDIANAPOLIS, IN 46202 US**FEI Number:** 35-1097117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLISON, ROBERT W  
21 SW 40TH AVE  
FORT LAUDERDALE, FL US*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

**Officer/Director Detail :**

Title SENIOR VICE PRESIDENT, GENERAL  
COUNSEL AND SECRETARY  
Name KELTNER, KRISTIN B  
Address 7527 CAPE COD LANE  
City-State-Zip: INDIANAPOLIS IN 46250

Title DIRECTOR  
Name SCHICKEL, ROBERT L  
Address 6950 CORYDON RIDGE RD NE  
City-State-Zip: LANESVILLE IN 47136

Title DIRECTOR  
Name GORMONG, JEFFREY A  
Address 440 W STATE ROAD 246  
City-State-Zip: FARMERSBURG IN 47850-9447

Title DIRECTOR  
Name CHISM, ISABELLA F  
Address 3185 W 600N  
City-State-Zip: GALVESTON IN 46932

Title DIRECTOR  
Name BACON, MARK E  
Address 3175 W 1050 S  
City-State-Zip: MILROY IN 46156

Title DIRECTOR  
Name CULP, KENDELL  
Address 3946 S 150 WEST  
City-State-Zip: RENSSELAER IN 47978

Title DIRECTOR  
Name UNDERWOOD, KEVIN L  
Address 6915 N 225W  
City-State-Zip: WEST LAFAYETTE IN 47906

Title DIRECTOR, PRESIDENT  
Name KRON, RANDALL C  
Address 17425 OWENSVILLE ROAD  
City-State-Zip: EVANSVILLE IN 47720

**Continues on page 2**

*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: KRISTIN B. KELTNER****SECRETARY****04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PARKER, HAROLD T  
Address 2602 EAST STATE ROAD 4  
City-State-Zip: LAPORTE IN 46350

Title DIRECTOR  
Name SPRINGSTUN, PHILIP H  
Address 899 E TENNYSON RD  
City-State-Zip: BOONVILLE IN 47601

Title DIRECTOR  
Name WYETH, DAVID L  
Address 5770 W COUNTY ROAD 500N`  
City-State-Zip: NORTH SALEM IN 46165-9738

Title DIRECTOR  
Name OUSLEY, KEVIN L  
Address 4863 S RABER ROAD  
City-State-Zip: COLUMBIA CITY IN 467259218

Title DIRECTOR  
Name MAPLE, STEVEN A  
Address 2667 E STATE ROAD 18  
City-State-Zip: KOKOMO IN 46901

Title DIRECTOR  
Name TRENNEPOHL, SCOTT T  
Address 6591 W 625N  
City-State-Zip: MIDDLETOWN IN 47356

Title SENIOR VICE PRESIDENT, CHIEF  
FINANCIAL OFFICER, TREASURER  
Name MISKE, MARK R  
Address 5901 FOOLISH PLEASURE LANE  
City-State-Zip: INDIANAPOLIS IN 46237