

1.) CORPORATION NAME:

COUNTRY LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **4/30/2011**

SCC ID NO: **F1622937**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	180,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1701 TOWANDA AVE

CITY/ST/ZIP: BLOOMINGTON, IL 61701-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PHILIP T NELSON
TITLE: PRESIDENT
ADDRESS: 1701 TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: RICHARD L GUEBERT JR
TITLE: VICE PRESIDENT
ADDRESS: 1701 TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: BARBARA A BAURER
TITLE: EVP/COO
ADDRESS: 1701 TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: MATTHEW J KOPFF
TITLE: ASSOC CONTRLR
ADDRESS: 1701 TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MATTHEW J KOPFF
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

MATTHEW J KOPFF, ASSOC
CONTRLR
PRINTED NAME AND CORPORATE
TITLE

3/21/2011

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.